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ABSTRACT

The Colorado State Board of Education allocated Title IV-V funds in 1975 for a study of the status of early childhood education in Colorado. The purposes of the study were to: (1) gather data relevant to early childhood education on the status of all children from birth through age 5; (2) identify needs of children of this age within the state; and (3) identify and suggest possible approaches to meeting the needs of Colorado children in this age group. This study is intended to furnish basic data that can be used to design plans to serve the educational and child care needs of children from birth through age 5. This study focuses mainly on the situation of children, outside the home, that is, in prekindergartens in public schools, public and privately operated day care homes and centers, and Head Start programs. The health and nutritional status of children in Colorado is also investigated. Included are chapters on prekindergarten public school programs (including those for children with special needs), child care, Head Start, health care, parent education and involvement and higher education. Detailed appendices include data on prekindergarten programs, child care, Head Start programs, health care, higher education and demographic data. (Author/MS)

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Colorado Early Childhood Study

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COLORADO EARLY CHILDHOOD STUDY

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Preface

For many years, Colorado communities have shown concern for the educational needs of their preschool children. Each year the number of citizens interested in preschool education programs grows.

The belief that the child can profit from educational and social activities at a far earlier age than thought possible has prompted government involvement in the educational development of young children. Other factors that have affected this involvement are the economy, which offers increasing numbers of occupational opportunities for women, a growing number of educated women demanding equal opportunities for a career, and, most important, a desire on the part of parents for an increasingly higher standard of learning and living for their children. These developments point to the importance of adequate arrangements in our state for early childhood education opportunities for children.

In response to the increasing concerns, the Colorado State Board of Education, during the summer of 1975, allocated funds to conduct a research study in the area of Early Childhood Education in Colorado. In November of 1975, the Planning and Evaluation Unit of the Department of Education assumed the responsibility for conducting the study.

The purposes of this study are to: (1) gather data relevant to early childhood education on the status of all children between the ages of birth through five, (2) to identify early-childhood-related needs of children within the state between the ages of birth through five, and (3) identify and suggest possible approaches to meeting the needs of Colorado children between the ages of birth through five.

This study is intended to furnish basic data that can be used to design plans to serve the needs, educational or child care service related, of children between the ages of birth through five. This study focuses mainly on the situation children, birth to five years of age, who are placed outside the home, that is, pre-kindergarten public schools, public and privately operated day care homes and centers, and Head Start programs. In addition, this study touches on the health and nutritional status of children in Colorado.

At this time, when inflation is being felt most severely by government, businesses, and families, and various segments of our public are pressing for more and better services from government, there has emerged from public and private sectors the thrust to "do something" about the developmental needs of the pre-kindergarten-aged child. Government is recognizing more and more what many parents and educators have known for some time, that is, the importance of the early developmental years from birth to five years of age. Enough research data reveals that these formative years are the most critical ones in terms of lifetime patterns and later kinds of development.

However, before our state government can support and sponsor programs and services to assist in the sound, overall development of all the young children in Colorado, several questions beyond the scope of this study should be addressed.

* What are the developmental needs of the children below kindergarten age?
* What should the government's role be in providing educational services for the pre-kindergarten child?
* What should be the Colorado Department of Education's role, responsibilities, and priorities in terms of program leadership and supervision, coordination of services, and budget in the area of preschool education?
* How can governmental agencies (federal, state and county) and private agencies presently rendering services to young children coordinate their efforts in order to eliminate or minimize program gaps, conflicts, and needless duplications?
* What programs, approaches, or services for young children should be developed that are within our fiscal capabilities and responsibilities?
* How should the Colorado Department of Education be involved in the articulation of programs between preschools and elementary schools so that the preschool experience can serve as a base from which the kindergarten programs can continue?

Research has not led to conclusive answers to these questions and, in many cases, basic information from which sound decisions can be made is limited. The Department needs to identify its involvement and role in early childhood education in relation to its educational priorities, basic information from this study, and the resources available to the Department. Once more specific goals and objectives are determined, additional information at a more detailed level can be gathered to facilitate planning and implementation tasks.

It is encouraging to note that feedback from many state and national childhood groups indicate this study has potential to become a very helpful process model for states or agencies to adopt. In addition to the process model application, this study could be viewed as a model for effective resource management as the study collected and analyzed a tremendous amount of information at a relatively small cost in comparison to the thousands of dollars spent by other agencies on similar tasks.

It is hoped that the Early Childhood Study will have utility and relevance to agencies and institutions in addition to the Department of Education. Finally, it is realistic to expect that the factual and comprehensive information gathered on early childhood programs will not only assist Colorado decision makers in determining the present status of early childhood education in Colorado, but will lead to sound planning for successful early childhood education programs for Colorado children.

Acknowledgements

The Colorado Department of Education was fortunate to have the generous assistance and cooperation from many persons and organizations including the Governor's Task Force on Children, Department of Institutions, State Department of Social Services, Colorado Deparmtnet of Health, Office of Budget and Planning, Education Commission of the States, Colorado Commission on Higher Education, and the Colorado Association of Family Child Care.

Special recognition must be given to Barry Shaffer, whose efforts have carried this project to fruition. He initiated the study and set broad parameters for the study in addition to maintaining continuity and communication with the Colorado Department of Education.

I acknowledge with deep appreciation the efforts of the following volunteers and staff who assisted in the office work necessary on various phases of the project: Sue Ginsberg, Nancy Reed, Roger Neppl, Jim Rogers, Rich Heaton, Cathy Cohen, Suzanne Rosen, Allyson Moore, Cynthia Vars, and Diane Pefley.

Particular thanks is given to Carol Anderson, Joe Douglass, and Virginia Plunkett whose vision, continous support, and wisdom carried this study during the difficult times.

Special assistance was provided by members of the Early Childhood Study review Committees who reviewed drafts and gave many valuable suggestions. They were: Oralie McAffee, Diane Pefley, Cathy Choen, Dottie Lamm, Brenda Loveridge, Virginia Plunkett, Betsey Kester, Twila Boe, Carol Anderson, Joe Dodds, Carra Belton, Suzan Rosen, and Ruth Spar.

Special thanks, too, go the Colorado Coalition of Senior Citizens organization who gave many hours of volunteer time and to the Colorado National Bank, the Governor's Office, Colorado Public Service Company, and the Colorado Department of Education for providing the financial assistance that made this study possible.

The key to the success of this study, however, was the dedicated and enthusiastic work of the county chairpersons and the more than 200 unpaid volunteers who gave over 1,500 hours of their time to the effort. Without their unselfish interest and work on the behalf of children, this study could not have been completed.

Donal Moore
Consultant,
Colorado Early Childhood Study

I. STUDY PROCEDURE

In May of 1975, a "National Conference on Parent/Early Childhood Education" was held in Denver, Colorado, sponsored by the U. S. Department of Health, Education and Welfare, Education Division, Office of Education. One of the many outcomes of this conference was that the Colorado Board of Education became aware of the need to investigate the current status of early childhood education opportunities in Colorado. During the summer of 1975, the State Board of Education voted to allocate some Title IV-V funds to study the present status of pre-kindergarten programs in Colorado public schools.

In late fall, the Department of Education's Planning and Evaluation Unit began work on the study by talking with a number of recognized experts in the field of early childhood education in order to determine the content that the study should address.

As Department researchers consulted with leaders in the field of early childhood education, it was discovered that very few Colorado-oriented studies had been attempted in areas related to preschool youth; and no studies were found which focused on children under six years of age. Many agencies and institutions indicated support for study and the researchers energetically attempted to coordinate study activieies with these supportive organizations. (See Acknowledgements) A committee of early childhood experts was selected to advise the researchers on study procedures. In addition, the Governor's Task Force on Children was an improtant resource to the study.

The Planning and Evaluation Unit contracted Donal Moore, an early childhood education consultant, to plan and conduct the study. Major events of the study procedure included the accomplishment of the following tasks:

a. Conducted a library search of early childhood needs assessments from other states and identified Colorado studies related to children under five years of age in Colorado.

b. Developed a planning draft describing the parameters of the study.

c. Assembled an advisory group comprised of leaders in early childhood education to review project activities.

d. Coordinated the study with other interested groups and agencies. (This process expanded the study to include child care and health issues related to children under five years of age in Colorado.)

e. Developed study instruments for data collection.

f. Organized a volunteer system to coordinate and conduct the study in each of Colorado's 63 counties.

g. Instructed volunteers in the use of the study instruments.

h. Maintained contact by phone and mail with each county chairperson while data gathering from the counties was underway.

i. Designed collection forms and tabulated data from day care operators, public school programs, Head Start programs, colleges, and the Health Department.

j. Coordinated study data with the Department of Social Services, Planning and Budgeting, Higher Education, and the Health Department.

k. Reconvened the review committee to review all data collected and to ask them to identify needs implied by the study data.

l. Reviewed the data following the steps listed below:

  (1) INSTRUMENT AWARENESS. Provide all evaluators with general information concerning the instrument to be analyzed.

  (2) INTERPRETATION STATEMENTS. Describe the frequency of responses for significant items or groups of items.

  (3) STRENGTHS AND WEAKNESSES. Describe the strengths and the weaknesses that are implied from the interpretation statements.

  (4) NEED STATEMENTS. Develop statements of need from the areas of identified weaknesses.

  (5) RECOMMENDATIONS. Develop recommendations which describe realistic strategies for solving needs.

m. Prepared the technical report.

n. Disseminated the findings to the Colorado Department of Education Executive Committee for their consideration of study recommendations.

o. Completed further study dissemination to others involved in the study.

Over 200 concerned and enthusiastic volunteers from throughout Colorado provided countless hours of time and energy to collect the day care home and center survey information. Though this study was patterned to some extent around the 1974 North Carolina Survey of Child Care Services, the total cost of the study was considerably less. Similar to the North Carolina effort, Colorado has developed a sizable group of concerned citizens representing diverse backgrounds, professions, and interests, who believe that the needs of Colorado youth must be identified, analyzed, and met. These citizens are the human resources which are now united around a common concern for the youngest citizens of Colorado.

The coordination of this study between many public and private agencies, groups, and individuals was a significant procedural accomplishment. The process of coordinating the study and the use of a volunteer network of interested citizens was a relatively sound and efficient one. Communications concerning the study were managed effectively and many concerns and questions were solved before they became major issues.

II. PRE-KINDERGARTEN PUBLIC SCHOOL PROGRAMS

A. Early Childhood Study Data Highlights

- Seventeen school districts operate pre-kindergarten programs.
- Nine school districts have pre-kindergarten programs for children without special needs.
- The nine school districts served 3,754 children; 2,600 of these children in Jefferson County District R-1 alone.
- Sixty-two percent of the teachers have a bachelors degree or above in Early Childhood Education.
- Children attend the programs an average of three days a week, two and one-half hours a day.
- Program directors say two to one that physical examinations children may have prior to enrollment do not identify developmental, visual, hearing, speech, or language problems.

B. Enabling Legislation

HOUSE BILL NO. 1443. Concerning the Establishment of Preschool Education Programs - Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. 22-32-118 (2), Colorado Revised Statutes 1973 (numbered as 123-30-19 (2), C.R.S. 1963), as amended by Section 1 of Chapter 89, Session Laws of Colorado 1974, is amended BY THE ADDITION OF A NEW PARAGRAPH to read:

22-32-118. Summer schools - continuation and evening programs - community education - preschool programs. (2) (d) As part of a community school program established pursuant to paragraphs (b) and (c) of this subsection (s), a board of education of a school district may establish and maintain preschool programs in connection with the schools of its district for the instruction of young children not yet eligible for kindergarten and may prescribe the educational activities and rules and regulations governing such programs. Said preschool programs shall provide opportunities for voluntary parental participation. Said preschool programs shall be a part of the public school system, and, notwithstanding the provisions of Section 22-32-117 (2), the cost of establishing and maintaining them may be paid from tuition or gifts, or from the general school fund, or from state or federal monies available to districts for qualifying preschool programs; but such preschool programs shall not be eligible for state equalization program support under Article 50 of the title.

C. Research Information

Research indicates that the early years of life are a period of the most rapid development of intellectual and other crucial characteristics as well as a time when the environment exerts the greatest influence upon the development of these characteristics. A thorough analysis of hundreds of longitudinal studies of human growth conducted by Professor Benjamin Bloom at the University of Chicago clearly reveals two points of great concern:

(1) With respect to intelligence as measured at age 17, 50 percent is developed between birth and age four and another 30 percent between ages four and eight;

(2) With respect to academic achievement, one-third of general achievement patterns that will be attained by age 18 have been developed prior to the child's entrance into first grade.

The above reference to academic achievement does not mean that the young child has been subjected to formal, structured scholastic exercises, but rather that the groundwork for later achievement in school has been laid. For example, significant people in the child's environment have stimulated and nourished the young child's curiosity, have shown a concern for achievement on the part of the child, have provided a desirable model for language development and for motivation, and have exposed the child to a variety of experiences and materials, etc. All of these factors serve to strengthen the child's potential to achieve in an academic setting.

Not only does research report that a large portion of these crucial characteristics--intelligence and academic achievement patterns--develop prior to age six, but there is potent evidence asserting that the years of early childhood are the time during which the environment exerts the greatest influence upon the development of these characteristics. For several years, effective environmental stimulation has been recognized as an indispensable agent in the development of intelligence. Only recently, however, are we getting a glimpse into the kinds of stimulation and/or environmental change that may produce certain desirable or undesirable results.

Work being carried out in the U.S. and Israel points to the possibility of raising the I.Q. of disadvantaged children by an average of 20 points during the preschool period and about 10 points at adolescence. The significance of such findings lies in the fact that despite the gains possible in later years, they are only half as great as those that can be achieved during the preschool years.

This point is further demonstrated by the relative ease with which young children pick up a second language compared with the often laborious drudgery with which adults learn another language.

Professor Bloom states the problem succinctly:

> . . . a conservative estimate of the effect of extreme environments on intelligence is about 20 I.Q. points. This could mean the difference between a life in an institution for the feeble-minded or a productive life in society. It could mean the difference between a professional career and an occupation which is at the semi-skilled or unskilled level. A society which places great emphasis on verbal learning and rational problem solving and which greatly needs highly skilled and well-trained individuals to carry on political-social-economic functions in an increasingly complex world cannot ignore the enormous consequences of deprivation as it affects the development of general intelligence.

Evidence also indicates that the longer one waits to institute changes, the probability of change occurring becomes less with each successive year.

A longitudinal study reported by David Weikart on the Ypsilanti Perry Preschool project substantiates this statement and provides evidence relative to the long-term impact of early education programs that are of high quality and of sound theoretical base. The Preschool Project was operated from September, 1962, to June, 1967. The experimental and control group children at the time of the report (1971) were in grades three through seven. Weikart states that:

> The most striking finding at this point is the difference between the experimental (those who participated in the Preschool Project) and the control children (those who didn't) on special education and retention data. For the experimental children, 83 percent are at the expected grade level in regular classes, with 15 percent receiving special classes and two percent over age in grade. For the control group, 61 percent are at the expected grade level, with 24 percent in special education and 15 percent over age in grade.

Using 1971 figures for education in Michigan and a base of 100 children, the extra cost for the control children was $85,000 in special education and retention classes. Weikart concludes, "The actual financial savings, directly accruant to the state, recommended careful consideration of wider use of preschool education as a preventative or ameliorative procedure."

The Education Commission of the States reports that on a national average it costs twice as much to retain a child in a mentally retarded or remedial classroom as in a regular classroom and that once in a special class, the child usually remains there eight years. The report states that:

> Over a long period of time, there will be cost benefits in terms of reduced expenditures for special and remedial education, delinquency and crime, and an increase in the general productivity of society. But it would be a mistake to expect an immediate, measurable payoff . . . It would be a disservice to sell a developmental program for young children solely on the basis of some immediate cost-benefit analysis. The research indicates that an estimated one-third of the development of academic achievement takes place prior to the child's fifth year of age, the same year he enters public school.

The most compelling reason for developing such programs is the increasing evidence that early childhood education is the key to insuring that the following ten or twelve years of required public education are not largely wasted.

D. Colorado Pre-Kindergarten Program Information

1. Pre-Kindergarten General Operations

The Colorado Early Childhood Study was able to identify nine public school preschool programs that are not limited to special needs children.

These programs are located in Alamosa, Boulder, Denver, Jefferson, Park, Pueblo, Weld, and Yuma Counties. The preschool programs work with children primarily from September to late May or early June. Two exceptions are the St. Vrain Valley and Pueblo School Districts which operate summer programs. The nine public school programs served 3,754 children. Jefferson County District R-1 served 2,600 of these children alone. Children attend these preschool programs from one to five days a week. The average is three days a week for two and one-half hours a day.

2. Pre-Kindergarten Staffing

The public school preschool programs surveyed employ 46 full-time and 12 part-time teachers. Thirty-six of the teachers, or 62 percent, have a bachelors degree or above in Early Childhood Education, excluding the Alamosa program which is staffed by para-professionals; ten percent of the teachers are bilingual.

The pre-kindergarten programs surveyed employ a total of 123 teachers' aides. Eighty-six of these aides are full-time employees. One of the aides has a bachelors degree or above in Early Childhood Education, although an undetermined number do have degrees. Excluding the Alamosa program, 16 percent of the teachers' aides are bilingual.

3. Pre-Kindergarten Early Screening

The program directors interviewed said two to one that the physical examinations children may have had prior to enrolling in the preschool programs do not identify developmental, visual, hearing, speech, or language problems. As a result, two out of three of the programs provide screening to children enrolled in the program. Programs primarily funded by Title I are not able to provide screening services because of guidelines.

[illegible] Pre-Kindergarten Program Funding

Six out of the nine school districts providing survey data support the preschool programs through cash grants but more often through in kind contributions. Monies available to operate the programs come from Title I-ESEA, Title IV C-ESEA, and parent fees.

5. Program Descriptions

The preschool programs being conducted by the public schools have diverse staffing patterns and approaches in working with children and families. The approaches range from working with teenagers, to home-based programs, to classroom programs.

The Alamosa program, operated out of the San Luis Valley Board of Cooperative Services, is conducting a home-based program for high risk children. The staff is made up of para-professionals under the supervision of Shelley Griffee. The staff makes one to three home visits a week to a family. The program's goal is to work with children and families to provide the family with the tools to help their children succeed in the public schools. The program operation of the St. Vrain Valley RE-1-J schools affords teenagers an opportunity to work with preschool age children. The teenagers spend six weeks in the day care center operated in conjunction with the school district. The students receive instruction on child development and health needs of young children. The purpose of the program is to acquaint future parents with the realities of having children and ways to help their children grow.

The Greeley School District 6 program uses a combination home-based approach to working with children and their parents along with regular parent group meetings. The parent meetings deal with topics such as child development, health issues, and child safety.

The Jefferson County Public School program is supported by a combination of fees from parents along with some staff and facilities of the public schools. Through this formula, the program can increase and decrease in relation to parents' needs for the services that the school district provides. The program provides education experience appropriate to the needs of the child in a classroom setting or home-based program, whichever is appropriate.

The Fort Lupton RE-8 Public School program places a high emphasis on bilingual-bicultural education. The program places an emphasis on basic skills to enable the children to be better prepared for public school education.

Appendix A provides more detailed information relating to the general operations, staffing, early screening, and funding of public pre-kindergarten programs.

E. Needs of Public School Pre-Kindergarten Programs

General needs which could be addressed at the state level as expressed by pre-kindergarten program administrators include:

- -A delivery system for early screening and diagnosis for children enrolling in preschool programs.
- -State legislation to include pre-kindergarten programs in the School Foundation Act.
- -Solicitation and coordination of state and federal funds for public school pre-kindergarten programs.
- -Development of a state master plan for pre-kindergarten public school programs, staffing, and funding.

III. PUBLIC SCHOOL PRE-KINDERGARTEN PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS

A. Early Childhood Study Data Highlights

- During the 1975-76 school year, public schools served 794 pre-kindergarten children with special needs.
- Twenty-four percent of the teachers working with pre-kindergarten age children have a bachelors degree or above in Early Childhood Education.
- None of the teachers or teachers' aides are bilingual.
- Program directors said two to one that physical examinations children may have prior to enrolling in the program fail to identify developmental, visual, hearing, speech, or language problems.

B. Enabling Legislation

H. B. 1164 - The "Handicapped Children's Education Act," 1973.
The general assembly, recognizing the obligation of the State of Colorado to provide educational opportunities to all children which will enable them to lead fulfilling and productive lives, declares that the purpose of this article is to provide means for educating those children who are handicapped. It is the intent of the general assembly, in keeping with accepted educational principles, that handicapped children shall be educated in regular classrooms, insofar as practicable, and should be assigned to special education classrooms only when the nature of the child's handicap makes the inclusion of the child in a regular classroom impractical. To this end, the services of special education personnel shall be utilized within the regular school programs to the maximum extent permitted by good educational practices, both in rendering services directly to children and in providing consultative services to regular classroom teachers.

C. Colorado State Agency Responsibilities

Services for handicapped children provided by state agencies and their local or regional constituents cover a range of services which provide the total life needs of those children. The program and services provided include: (a) identification, diagnostic, and assessment services; (b) treatment services; (c) child maintenance and health services; (d) educational services; and (e) ancillary services of a complex nature which include such services as library, transportation, counseling, and the provision of prosthetic equipment to those children in need of such services.

The complexity of current state organization and delivery systems is such that few persons, if any, are cognizant of the full scope of services available to handicapped children. This is due to many factors, including the interaction of federal programs upon state programs which may impact at any agency level, the diversification of individual state organizational systems, and the limitations of agency authority and responsibilities for clients and programs.

1. Colorado Department of Education

The Colorado Department of Education is responsible for the education of all handicapped children under the legal jurisdiction of the public schools. Mandatory programs for the handicapped are required under law for children between the ages of five and twenty-one with permissive program development for school children under the age of five. Programs which have been developed to serve children with special needs include:

a. Handicapped Children's Program - The Handicapped Children's Program provides diagnosis and treatment for physically handicapped children from birth through 20 years of age.

b. Maternal and Child Health Program - The Maternal and Child Health Program, which includes the developmentally disabled evaluation, provides in-depth diagnosis by competent multidisciplined teams of physicians, social workers, neurologists, nurses, occupational therapists, psychologists, physical therapists, audiologists, and optometrists.

c. Child and Youth Project - The Child and Youth Project provides comprehensive health and dental care from birth to 19 years of age to low income families in Denver, Arapahoe, Adams, Douglas, Las Animas, and Huerfano Counties. Through comprehensive examinations, handicaps are detected and the patient is referred to the Handicapped Children's Program.

d. Preschool Hearing Element - The Preschool Hearing Element of the Handicapped Children's Program provides diagnostic screening for hearing and speech problems. Children in need of services are referred to the Hanciapped Children's Program for definite diagnosis and treatment.

e. Migrant Health Program - The Migrant Health Program provides health care services to migrants and their families in those geographical regions having high concentrations of migrant farm workers, i.e., the Northeast, the North Central, the Arkansas Valley, the San Luis Valley, and the Western Slope. The health maintenance services of this program detects handicaps and refers patients to the Handicapped Children's Program.

2. Colorado Department of Institutions

The Colorado Department of Institutions provides educational, psychological, medical, maintenance, and other support services through state-operated residential schools, two state hospitals for the mentally ill, and community center programs.

a. State-Operated Resource Centers - The Department administers programs for the handicapped in Wheat Ridge, Grand Junction, and Pueblo for the mildly, moderately and severely mentally retarded children and adults. Services provided by the programs include medical, residential, social, educational, vocational, and rehabilitational services.

b. Community Center Programs - Twnety-one locally based community center programs have been developed throughout the state by the Division for Developmental Disabilities. Services provided or purchased by the centers include infant stimulation programs, preschool programs, day training programs, sheltered workshops, and activity centered programs.

c. State School for the Deaf and the Blind - The State School for the Deaf and the Blind provides residential and day educational services for school age and preschool deaf, blind, and deaf-blind children between the ages of five and twenty-one. In addition to the academic program, the school provides physical, psychological, emotional, and diagnostic services for the children.

d. Mental Health Centers, Clinics, and Hospitals - The Department administers two state programs for emotionally disturbed children and adults and supervises a network of 23 community programs throughout the state. The Colorado State Hospital at Pueblo and the Fort Logan Mental Health Center at Denver provide medical, psychiatric, psychological, diagnostic, educational, and social services and treatment programs for the handicapped.

e. Detention Centers and Institutions for Children - The state maintains five centers for adjudicated youth and five detention centers for children under temporary police restraints. Comprehensive diagnostic and educational services are provided for the children in these programs, with heavy emphasis upon learning disabilities and emotional disturbances.

3. Colorado Department of Social Services

The Colorado Department of Social Services, through its agents (the county departments of social services), directly provides and/or purchases a variety of social services for families and children, including handicapped children. In addition, other services are made available to eligible handicapped children through the Assistance Payments, Vocational Rehabilitation, Medicaid, and Veterans Affairs programs. Each of these programs are limited to specific portions of the population because of unique eligibility requirements.

The social services provided include either direct services or assistance in obtaining foster care, protective services, court related services, family planning, financial management, health related services, homemaker services, information and referral services, individual adjustment services, day care, assistance in obtaining educational and training services, legal services, and transportation. Services such as vocational rehabilitation, income maintenance, and medicaid are provided through 63 county administered departments of social services.

Income maintenance services are provided to eligible handicapped children through the Aid to Families with Dependent Children and Food Stamp Programs. Title XX services can benefit eligible handicapped children through an array of 19 specific services offered through the county departments of social services. The social services provided include either direct services or assistance in obtaining foster care, protective services, court related services, family planning, financial management, health related services, home management, homemaker services, information and referral services, individual adjustment services, day care, assistance in obtaining education and training services, legal services, and transportation. Day care services for school aged children during regular school hours must be different from, and cannot be substituted for, educational services provided by school districts under the Colorado Handicapped Children's Educational Act. Day care services may be provided to children with special needs who are mentally retarded, have physical handicaps, and exhibit emotional disturbances or behavior problems as determined by the county department social worker.

Medical assistance is provided to eligible families through the Social Services Medicaid program. Eligibility is normally tied to eligibility for the Aid to Families with Dependent Children program. The Department has entered into a third party cooperative agreement with the Department of Health whereby Social Services will reimburse Health for costs incurred in providing Medicaid services to handicapped children. Screening diagnosis or treatment costs which are not allowable under Medicaid rules become the obligations of the Department of Health through the Handicapped Children's Educational Act. Also important is the Early Periodic Screening Diagnosis and Testing Program which can identify handicaps not yet distinguishable in school aged children and provide limited treatment services. The Department is working on a plan by which the results of the Early Periodic Screening Diagnosis and Testing can be routed back to the caseworker involved. The problem of confidentiality has not been resolved successfully.

D. Colorado Pre-Kindergarten Program Information (for Children with Special Needs)

1. Pre-Kindergarten General Operations

The Colorado Early Childhood Study was able to identify 17 public schools, 11 BOCS, and the JFK preschool programs for children with special needs. These programs are located in Adams, Arapahoe, Boulder, Delta, Denver, Douglas, El Paso, Jefferson, Larimer, Mesa, Montrose, and Weld Counties, excluding the BOCS programs. The preschool programs work with children primarily from September to late May or early June; Weld BOCS' program is an exception, operating from November to August. The BOCS and public school sponsored program served 986 children last year. The preschool programs for children with special needs operated less than one percent short of the capacity enrollment. Children attend these programs from one to five days a week. The average is three days a week for four hours a day.

2. Pre-Kindergarten Staffing

The public school and BOCS programs responding to the questionnaire employ 33 full-time and four part-time teachers. Nine of the teachers, or 24 percent, have a bachelors degree or above in some area of special education. Of the 37 teachers, none are bilingual. The pre-kindergarten programs surveyed employ a total of 34 teachers' aides. Three aides have a bachelors degree or above in Early Childhood Education, although an undetermined number do have degrees.

3. Pre-Kindergarten Early Screening

The program directors interviewed said two to one that the physical examinations that children may have had prior to enrolling in the preschool program do not identify developmental, visual, hearing, speech, or language problems. All of the programs surveyed provide screening for the children enrolled in the program.

4. Pre-Kindergarten Program Funding

Seventy-five percent of the school districts and BOCS providing data support the preschool program through cash grants and/or in kind contribution. Monies available to operate the program come from Title I, ESEA; Title IV C, ESEA; Title VI B, ESEA; and parent fees.

5. Other Program Information

The programs for children with special needs offer three basic program models: home based, classroom based, or identification process. Many of the programs contacted use a blend of two or all three approaches. Through a diversified program approach, practitioners feel they can best serve the children and parents.

The future of all of the programs is dependent upon the level of Title funds each year. The programs with the greatest stability and/or growth are those programs utilizing diversified funding sources. This is particularly true of programs relying on Title I, ESEA funds. During the last several years, grant amounts have been declining, thus forcing the programs to either serve fewer children or seek other funding sources. All of the programs questioned stated that parents are requesting the program to serve more children than the current funding allows.

In the search for additional funds, local school districts are often approached. The directors indicated that the school boards would financially support the programs if not for the districts' financial limitations. The only school district surveyed that has been able to pick up an increasingly larger portion of the program cost over an eight-year period has been Colorado Springs. This was accomplished, in part, by intensive community pressure.

The directors of the programs surveyed agreed that if the pre-kindergarten programs are to increase in size and quality, the public will have to be educated as to the benefits of preschool education, inservice training of teachers and administrators in developing methods of working with special needs children, and exploration of diversified programming methods of integrating home base and classroom educational opportunities.

Appendix B provides more detailed information relating to the general operations, staffing, early screening, and funding of programs with special needs children.

E. Needs of Pre-Kindergarten Public School Programs for Children with Special Needs

General needs that could be addressed at the state level as expressed by program administrators include:

- Planning and development of pre-kindergarten programs for children with special needs that are not being served.
- Quality training programs for teachers which relate directly to pre-kindergarten programs for children with special needs.
- Additional teachers with bilingual-bicultural abilities in pre-kindergarten programs for special needs children.
- Assistance to school districts to seek and obtain federal and state funds for programs for children with special needs.

IV. CHILD CARE

A. Early Childhood Study Data Highlights

- Colorado has 14,132 single-parent families with children under six.
- The Colorado Early Childhood Study found that of the day care homes surveyed, 1,418 children had been turned away due to a lack of space. Eighty-eight of the day care centers surveyed turned away 233 children because of lack of space.
- Nearly all day care centers and day care homes surveyed are open Monday through Friday. Seventy-eight out of 406 homes accept children on Saturday. Fifty-one out of 406 homes are open Sunday.
- Between the hours of 6:00 a.m. and 6:00 p.m., it is relatively easy to obtain child care. After 7:00 p.m., less than five percent of the day care homes surveyed offer care; and almost no center care is available.
- Admission policies vary between home and center care. Six percent of the day care homes surveyed have an average of one child with special needs enrolled. Day care centers have an average of one child enrolled in 28 of the centers.
- The Colorado Early Childhood Study supports the fact that child care is a major industry in Colorado with a total projected operation budget of over $22 million this year.

B. Child Care Research Information

1. General Research Information

Nationwide, for the 5.6 million preschoolers whose mothers work, there are only 1 million licensed day care spaces (750,000 in centers, 250,000 in homes in 1971). Another two million are cared for in unlicensed centers or by relatives outside the home. The remaining two and one-half million are cared for by relatives in the home or are left to fend for themselves. In Chicago alone, the city welfare department estimates that 700 children under six are left alone each day without any supervision while their mothers work.[1] One national survey found that 50 percent of the preschool children of working mothers who are not in day care were cared for by their fathers, another 30 percent by neighbors or other relatives, and some 18,000 are virtually neglected.[2]

There is concern and controversy among educators and psychologists over the quality and content of preschool programs. "The present emphasis on mental skills is ill-suited to the development of most preschoolers," one critic writes, "and fails to prepare them for later life." "Too often," she contends, "the focus is on having the children read early and tie their shoes by age three." Instead, "the preschool years should be devoted to self-discovery and self-acceptance . . . learning how to handle anger, jealousy, rivalry, and selfishness."[3]

The kind of care a child receives in the early years of life is vital to the child's development. About 50 percent of the measured intelligence of a 17-year-old child, one study indicates, is developed between birth and age four. Another 30 percent is developed between ages four and eight.[4]

The effects of early deprivation are dramatically illustrated in a study where mentally retarded children were moved from an "emotionally unstimulating" custodial orphanage to an orphanage where they received emotional stimulation from mother substitutes. Over a two-year period, a control group that remained at the first orphanage lost an average of 26 I.Q. points, while the experimental group that received "tender, loving care" gained almost 29 points. Further, the control group had a higher I.Q. average than the experimental group at the beginning of the project.

Years later, a follow-up study found that most of the experimental group had been adopted, had completed 12th grade, were self-supporting, and held jobs ranging from domestic service to professional levels. Most of the control group had not completed third grade, and 36 percent were institutionalized or unemployed.[5]

a. Syracuse University Project - In a Syracuse University experiment, Dr. Bettye Caldwell measured the intellectual development of 86 children under three years of age who were enrolled for at least six months in a day care center and compared their ratings with those of a control group of 34 children. Children in both groups came from low-income families. The children who had been in day care showed an increase of 17 I.Q. points; the control group children who stayed at home showed a decrease of about five I.Q. points.[6]

b. University of North Carolina at Greensboro Project - A comparable experiment by Dr. Mary Elizabeth Keister at the University of North Carolina at Greensboro involved children from middle-class families. In 15 matched pairs of children under three years of age (15 enrolled in a child care center and 15 staying at home), few significant differences were found. There was little variance between the groups on mental, motor, or social development, though the few differences that did exist favored the child care center children.[7]

c. Burton White Project - Burton White studied 100 preschool children enrolled in child care services, observing them both at home and in the child care services for a period of two years. One of the conclusions he made was that the qualities that distinguish high-achieving six-year-olds are present in large measure by age three. White's study points to the special importance of the ten-month to 18-month range for the development of general competence.[8]

d. University of Kentucky Study - a recent pilot study by a team of University of Kentucky psychologists shows that children who attend day care centers do not differ mentally or socially from children who stay at home with their mothers. The psychologists studied parents and children in different types of existing, ongoing day care operations and concluded that "children are not harmed by day care and baby-sitting arrangements; and the family structure seems flexible enough to accommodate and allow for these arrangements."[9]

e. Goodlad Study - In another study, Dr. John I. Goodlad and other researchers examined 201 preschool programs in nine major American cities. The researchers concluded that U.S. preschool programs "appear to constitute a loose array of individual institutions about which little is known, over which no governmental body exercises clear-cut authority and responsibility, and within which there are few signs of an intellectual enterprise of self-study and improvement." [10]

2. Child Care and the Family

Day care does not contribute to the breakdown in family life. It is a response to a need and it must be a comprehensive and adequate response or society will have failed the family. Day care, which began as an advocate for the child, then became a service for the working mother and is now beginning to be directed toward fulfilling the needs of families.[11]

Most families are providing competent care for children. Many of these families seek child care services because they feel that a preschool experience will enrich and enhance the development of their children. Many other families need child care services because they themselves are unable, for a variety of reasons, to provide the care.

As Margaret Steinfels has observed: "It is safe to say that day care centers do not, for the most part, see themselves as anything like a substitute for the family, but more like a place where things that used to happen in large families with many siblings happen again."

Recent changes in the American family have had a part in creating the demand for more child care services. In the first place, today's family is smaller. The number of other adults in the family who can care for children has decreased. Fifty years ago, half the households had at least one other adult besides the parents. Today, fewer than five percent do.[12] The average household size is 2.97 children in 1974.

"Uncoupling," or the one-person household, has become a phenomenon and is part of the trend toward smaller families. Today, the young unmarried person often leaves the family earlier and sets up housekeeping on his or her own. Between 1964 and 1970, the number of young persons in one-person households increased 130 percent."[13]

In the United States, the fertility rate reached its lowest point in history: in 1973 there were 69.2 births per 1,000 women between the ages of 15 and 44. This 1973 rate was six percent lower than the 1972 rate (73.4 births per 1,000 women) and 44 percent lower than the 1957 rate (122.7 births per 1,000 women). Births began to fall relatively rapidly in 1970 compared to rates in the latter half of the 1960's.

Secondly, the family is not enduring as a "nuclear" family as it used to. Divorce rates nationwide have increased 80 percent between 1960 and 1972[14] to the point where one in every three marriages now ends in divorce. In 1973 the divorce rate increased significantly so that for every two marriages, there was one divorce.[15]

3. The Working Mother

According to the 1970 United States Census, there are 46,661 women in the labor force (working or looking for work) in Colorado with children under six. This is 30 percent of the total number of women with children under six. Nationally, the U.S. work force includes 4.5 million mothers with children under six. That represents one out of every three mothers with preschool children. Half of these working mothers have children under three years of age; more than 72 percent of the separated or divorced mothers are working.

By 1980 there will be six million working mothers in the U.S. with preschool children. Young working wives have become the fastest-growing group in the nation. In March 1972 there were 72 million working wives under 35, triple the number of 1940.[17] This increase in working mothers has been attributed to financial pressures generated by the inflationary trends of the 1960's and 1970's. The United States Census survey in 1965 found that almost 90 percent of the working mothers interviewed said they were working for economic reasons.[18] In 1971, contributions to the family budget by the working wife averaged 28 percent of the family income.[19]

In addition to economic reasons, though, are increasing job opportunities for women and changing attitudes related to women's roles in society. In March 1972, for instance, 14 percent of the working women under 35 held professional and technical jobs while only ten percent of those over 35 held such positions. A 1970 survey found that 42 percent of the women between 14 and 25 would like to be housewives. By 1972 the figure dropped to 35 percent.[20]

As growing numbers of women join the labor force, there is increasing concern about the development and adjustment of their children, as well as for the children of divorced or separated parents. Latest studies reverse the generally accepted idea that children of working mothers are neglected, delinquent, and academically backward. More and more, evidence indicates that it is the mother's attitude and the quality of alternative care that are the decisive factors in a child's development, and not the fact that the mother works outside the home.[21] A Syracuse University study found that two and one-half year old children who had been in a child care service since they were one year old were just as attached to their mothers as were comparable children who had never had a child care experience.[22]

C. Child Care in Colorado

Since 1943 Colorado law has required children's centers to be licensed. The Colorado Department of Social Services, which has the responsibility to license these facilities, reported that as of May 1, 1976 there were 495 licensed day care centers, infant nurseries, toddler nurseries, and preschools with a total licensed capacity of 18,867 spaces. This figure, compared to 8,227 licensed children spaces in July of 1972, represented an increase of 129 percent in a four-year period. There were 2,903 licensed day care home spaces in July 1972, represented an increase of 97 percent in a four-year period.

According to the programs surveyed by the Colorado Early Childhood Study, 35 percent of the licensed day care centers in Colorado are operating in family residences or reconditioned houses, four percent are in churches, 18 percent in community centers, 11 percent in buildings built for child care, and 33 percent in other types of structures.

1. Economic Impact

The Colorado Early Childhood Study found that child care is a major industry in Colorado with a total yearly operating budget of over $22 million a year. The annual median family income for all of Colorado's families in 1970, according to the United States Census, was $9,552. There are 44,850 families (9.1 percent of the total) with incomes below the poverty level in Colorado with a higher proportion of children under five years than the National average. The child care industry directly employs over 4,373 persons in full-day child care alone. Full-day child care allows approximately 22,402 parents to seek or hold jobs. The study found that of the 22,402 parents, 67 percent or 15,009 people are earning a calculated median income of $4,995 a year, which is $4,557 less than the median for all Colorado families. This data was abstracted from the 1970 U.S. Census. The child care industry is an important factor in allowing these parents to seek and hold jobs which generate a total of $88.2 million per year.

Thirty-six percent of the child care programs surveyed do not allow parents to pay on a sliding scale fee basis. Eighty-five percent of the child care programs surveyed rely entirely on fees from parents and/or support by industry and churches who principally provide buildings and occasionally some money. Less than fifteen percent of the operating budgets come directly from government funds. This includes state and/or federally funded purchases of child care for low-income families by county social services departments.

The range of fees charged for full-day center care runs from $3.00 to $9.00 per day with the median estimated as $5.12 per day, or $102.40 per month. The range of fees charged for full-day care homes runs from $3.00 per day to $7.00 per day with the average being an estimated $4.57 a day or $95.97 per month.

2. Cost of Quality Child Care

What does it cost to provide a quality day care program? Estimates run from $1,000 to $3,000 per child a year, or $83 to $250 a month.[23] Centers operated by the Appalachian Regional Commission (ARC) program have an average per-child cost of $250 per month, or $3,000 a year. This is for a "high quality" child development program. Not included in the $3,000 are construction costs, a health component $350 per child per year), family services ($300), parent education ($250), and staff training ($750) per staff member per year).[24]

3. Child Care Affect on Welfare

During February of 1975, Mile High Child Care Association, Denver Colorado, conducted a study of families that were on public assistance. In less than one year (average eight months), 17 percent of the families with children enrolled in Mile High Child Care Association programs were off public assistance. Of those families with children enrolled in Mile High Child Care Association over one year (average 19 months), 54 percent were off public assistance.

D. Child Abuse and Neglect Information

The Child Protection Act was amended in 1975 and specifically named workers in a family care home or child care center as persons required to report abuse or neglect situations. The Act provides that both county departments of social services and law enforcement agencies can receive reports of suspected abuse; however, county departments of social services are to coordinate the investigation of such reports.

Applications from all day care home applicants are routinely screened against the Child Abuse Central Registry. Any report of suspected child abuse involving a day care home or staff person in a child care center is referred to the State Licensing Unit in the Colorado Department of Social Services for further investigation.

During the licensing investigation for a day care home license, the applicant is cautioned to report suspected child abuse since the single caretaker is in a vulnerable position to be suspected as the abuser. The Children's Center Licensing Regulations clearly set forth the law regarding child abuse.

The survey indicated that only 27 percent of the day care center programs have a written policy, procedure, or regulation regarding the abuse or neglect of children. Sixty-six percent of the programs do not have any adopted policy, procedure, or regulation on how teachers or administrators report suspected cases of child abuse or neglect. It is encouraging to note that 79 percent of the day care homes indicated that they know how and where to report suspected cases of child abuse or neglect. Slightly over one-third (34 percent) of the staff has had training in detecting child abuse or neglect. Twenty percent of the program directors indicated that they were unaware of any legal obligations to report suspected cases of child abuse or neglect. Forty-nine percent of the day care home operators feel a need to have information on children known to have been abused to be available to the operator of the day care home.

Because of the sensitive issue and nature of child abuse, ongoing education is necessary -- a matter which the survey addresses. A paramount need is to educate people to identify suspected abuse. Child abuse must only be suspected, not proven, in order to be reported. Persons reporting in good faith cannot be subjected to prosecution for reporting. Anonymous reports will be investigated.

E. Record Keeping

State Licensing Regulations require a children's center to maintain a record on each child which shall include the following information:

1. The child's full name, birth date, and current address and date of enrollment.
2. Name, home and employment address, and telephone number of parent(s) or person(s) legally responsible for the child.
3. Telephone number or instructions as to how the person(s) responsible for the child may be reached during the hours that the child is at the center.
4. Names, addresses, and telephone numbers of persons authorized to take the child from the center.
5. Names, addresses, and telephone numbers of persons who can assume responsibility for the child in the event of an emergency if parent(s) or guardian(s) cannot be reached immediately.
6. Name and address of child's physician and dentist.
7. Health information including medical report, chronic physical problems, vaccination and immunization history, and pertinent social information on the child and his family.
8. Written authorization from parent(s) or guardian(s) for emergency medical care.
9. Written authorization from parent(s) or guardian(s) for the child to participate in field trips or excursions, whether walking or riding.
10. Injury and illness records.
11. Reports of accidents requiring hospitalization or the occurrence of death of a child.
12. Significant observations of the child's development.

Every children's center must have these records on file in order to be eligible to be licensed or to continue to be licensed.

The survey responses showed some child care facilities were collecting specific information beyond the licensing requirement to record significant observation of the child's development. Of the programs surveyed, 21 percent seek information on the child's physical, social, and language development from the program a child has previously attended. Twenty-nine percent of the programs sometimes attempt to obtain information on a child while 30 percent make no attempt to obtain this information. Less than 20 percent of the programs pass along the child's developmental information to the next program in which the child is enrolled. Fifty percent of the programs sometimes pass developmental information to the next program in which the child is enrolled.

State licensing regulations require a day care home to have a uniform record for each child, to include the following information which shall be obtained prior to admission and maintained in an orderly, alphabetical arrangement:

1. Name, date of birth, age, and admission date of child.
2. Name, address, and telephone number of person arranging for child's admittance.
3. Name, address, and telephone number of each parent or guardian and where they may be reached during the day.
4. Names and ages of other children in the family.
5. Health record of the child.
6. Authorization of parents for medical practitioner care in case of illness or accident.

Every day care home must have these records on file in order to be eligible to receive a license or to continue to be licensed.

The survey responses showed that 137 out of 292 respondents recorded some information beyond the licensing requirements listed above. The response indicated that approximately 25 percent of the day care homes maintain written records on the children's language, physical, social, and intellectual development. Eighty-seven percent of the respondents stated that developmental information on the children is "never" requested by a program that the child is attending after leaving the day care home.

F. Child Care and Special Needs Children

1. Day Care Centers

The Colorado Early Childhood Study finds that of the 84 centers responding to the survey, 55 (or 63 percent) accept children who have been professionally diagnosed as physically handicapped. Thirty-one of the 55 centers actually had such children at the time of the interview. The 31 centers were providing care for an average of two physically handicapped children per center. The directors of 13 centers suspected an additional 51 children of having physical handicaps that had not yet been diagnosed.

Of the 84 centers surveyed, 44 accept children who have been proffessionally diagnosed as mentally handicapped. Only 23 percent of the centers had 66 mentally handicapped children enrolled when interviewed. Ten centers suspected that 21 additional children might be mentally handicapped.

Children with emotional handicaps were accepted by more centers than physically or mentally handicapped children. Fifty-seven out of 84 centers contacted indicated that they accept children who have been professionally diagnosed as emotionally handicapped. Twenty-two center directors said that they presently had 37 children with emotional handicaps enrolled. The same directors felt that there were 71 additional children with emotional handicaps.

2. Day Care Homes

Three-hundred-eighty-seven day care homes responded to the study question of child care available to children with special needs. Forty-nine percent of the operators said that they accept children professionally diagnosed as physically handicapped. In the 190 day care homes, at the time the interview took place, 26 children with professionally diagnosed physical handicaps were being cared for with an additional ten children who are suspected of being physically handicapped.

One-hundred-fifty-one day care home operators said that they accept children who have been professionally diagnosed as mentally handicapped. Twenty-six diagnosed children were being cared for with another nine children suspected of being mentally handicapped. The Colorado Early Childhood Study found six percent of the day care homes were providing care to 34 children professionally diagnosed as emotionally handicapped, with another 36 children thought to be emotionally handicapped according to the operators of the day care homes.

The figures projected to include all of the licensed day care centers in the state show that 66 percent accept children professionally diagnosed as physically handicapped, and 53 percent accept children professionally diagnosed as emotionally handicapped. Combining all three categories, there would be 1,487 children diagnosed as having special needs, with an additional 838 children suspected of having undiagnosed special needs in child care center arrangements when the interview took place.

The figures projected to include all the licensed day care homes in the state showed that 49 percent accept children professionally diagnosed as physically handicapped, 39 percent accept children professionally diagnosed as mentally handicapped, and 34 percent accept children professionally diagnosed as emotionally handicapped. Adding together the three areas of special needs, one finds 490 professionally diagnosed special needs children with another 314 suspected special needs children according to the day care home operators.

G. Supporting Services Usage

The Colorado Early Childhood Study indicates that:

1. Public health and social services are perceived by day care facilities as the most frequently used services.

2. Mental health services are used much less than other services.

3. Usage does not appear to be due to the awareness of agencies and services that exist, but rather to other factors not stated in this survey.

4. A much lower rate of actual utilization exists as compared to the belief that an agency is used.

5. A small number of the population of children in day care centers are actually referred.

Overall, the services cited as being most frequently used were social services (47 percent of respondents) and public health services (72 percent of respondents). In contrast, only 12 percent of the respondents stated that they used mental health services.

Centers are more likely to use social services (73 percent) than private home programs (43 percent). Further, centers were more likely to utilize mental health services (39 percent) than homes (six percent). Despite the low usage by the majority of respondents in the survey, agencies indicated knowledge or awareness that services did exist.

Overall, some preference appeared across all respondents for public health and social services as referral sources, as contrasted with little preference or use of mental health services. When compared to awareness or knowledge of services, it appears that a lack of knowledge is not the explanation for the low use of mental health services.

The relatively low rate of actual referral is a most curious finding. As these findings suggest, day care facilities see themselves as using support services but are rarely referring children, and few children are actually referred. A number of possible explanations emerge. First, there may not be a need in the day care child population for support services. While this survey does not address that issue, one might speculate a sizable need for services. A second explanation is that while facilities are aware of the agencies listed, they are not aware that these agencies actually provide services that they can use. This explanation appears more plausible. Facilities are aware of the agencies but also know that the agencies do not provide the services they seek. This is most likely in the case of mental health where there is little service provided in most mental health centers for preschool aged children.

These findings suggest further examination of: (1) the actual need for support services; (2) the extent to which support services provide for early childhood populations; and (3) the nature of the knowledge day care facilities possess regarding support services.

H. Attitudinal Child Care Information

Individual attitudes and opinions of day care home and center operators were polled on a number of issues by the Colorado Early Childhood Study. These issues include attitudes concerning areas of improvement by children as a result of programs, quantity of care available, strengths and needs of programs, and priorities of programs. The following are generalizations that can be interpreted from the recorded responses.

Seventy-one percent or more of the operators of both centers and home care programs agreed that child care improves academic success in elementary school of children who have attended their programs, improves the child's self-concept, the child's adjustment to new situations, and the development of the child's creativity and good attitudes toward learning.

Eighty-three percent or more of the child care operators indicated that their programs improve parent involvement with the child's growth and development. Nineteen percent of the day care home operators indicated that there were enough licensed day care homes. They also have told study staff that there are more unlicensed homes than licensed. More than 45 percent of the day care center operators stated that there are too few centers to meet the parent demand.

The strengths of day care homes, as shown in the data gathered through the Early Childhood Study questionnaire, indicate that day care home operators have considerable concern for the overall physical and emotional well-being of the children. The day care home operators said that the majority of their energies are used to provide love, individual attention, and a home-like atmosphere within a family situation. Other strengths were stated as providing a secure environment, nutritious food, discipline when needed, consistent routine, patience, understanding, and good parental communication.

The needs of day care home operators revolve around the necessity of having more money. The following comments most frequently given were the need for:

1. Guaranteed income
2. More money to meet the cost of living
3. More space
4. More planned activities and craft ideas and materials.

The strengths of day care center programs which the questionnaire responses suggest lie in the staff -- their concern and love for children; their knowledge and awareness of the developmental needs of children. Other strengths were seen as knowing and communicating with the parents, developing positive attitudes in children toward school, providing readiness for school through an educational program, social interaction and adjustment between children, improving the child's self-concept, and strengthening parent involvement with the center.

Needs revolve around money. Center directors stated that they need more money to improve physical facilities; to develop their programs; to keep, upgrade and/or adequately pay qualified staff; to employ enough staff to meet required child-adult ratios; and to obtain business administration from outside the center to more efficiently operate the business administration aspect of the program.

The Colorado Early Childhood Study has found that as resources became available to a program, the first priority would be to improve the quality of equipment and materials and increase employees' wages. The center directors' second priority is to upgrade staff inservice, facilities, and to bring in consultative assistance.

The study indicates that the majority of center directors indicated that they were satisfied with the health care component, program evaluation, outdoor space, program administration, and food preparation facilities. The operators felt a need to obtain money to upgrade program materials and pay the staff a living wage, provide more staff training, and develop a resource center to share equipment and program ideas.

I. Needs Related to Child Care

The most common state-level needs as expressed by day care centers and homes are noted below:

- Central coordination of state and federal money to prevent overlap and loss of greatly needed funds.
- Suitable training for child care employees underwritten by scholarships and/or loans made available to child care employees to enable them to upgrade their competencies.
- Federal, state, or industry underwriting fees to enable more parents to pay on a sliding scale formula.
- Expansion of the present associations or establishment of voluntary, non-profit child care associations in each county to aggressively promote the interests of children and families in child care.
- Development of a child care service capacity to strengthen the ties between the family and the child care service, to increase parent involvement in the programs, and to help provide parent education.

V. HEAD START IN COLORADO

A. Early Childhood Study Data Highlights

- The average Head Start allocation per child per year is $1,273.
- Head Start serves approximately 5,065 four- and five-year-old children with 26 programs in 12 of Colorado's 13 planning regions.
- Head Start provides educational programs for over 500 children with special needs.
- A trend of Colorado Head Start programs is toward a greater integration of home-based with center-based educational programs.

B. General Operations

During the summer of 1964, as part of the "War on Poverty Program" federal legislation was passed creating Head Start. The legislation was formulated from research gathered by a multi-disciplinary team made up of leading psychologists, physicians, educators and parents familiar with effects of poverty. The goal of Head Start was to provide an educational program that would take future generations of children out of the cycle of poverty.

A year later, in the summer of 1965, Colorado began to feel the impact of the Head Start legislation. That summer a number of programs opened their doors to pre-kindergarten children and their parents. The summer was a time to work out some of the major hindrances that one would expect in implementing a program of this magnitude. In the fall the programs continued to principally operate during the traditional public school calendar year.

During 1969 the operation of Head Start programs transferred from the Office of Economic Opportunity to the Department of Health, Education, and Welfare. The Office of Child Development was established in Federal Planning Region VIII, headquartered in Denver, to administer programs in Colorado and five surrounding states. Prior to that, Colorado programs were under an eleven state Office of Economic Opportunity region administered from Kansas City. Head Start has expanded in Colorado to include 26 programs located in twelve of Colorado's thirteen planning regions. At present, Head Start programs serve children from September to May with the exceptions of summer programs in Alamosa, Pueblo, Denver, Delta, and Sterling counties. The Colorado Migrant Council operated Head Start Day Care Centers in the following locations during 1975-76: Sterling, Holyoke, Eckley, Fort Morgan, Greeley, Fort Ollins, Brighton, Longmont, Burlington, Rocky Ford, Lamar, Fort Garland, Blanca, Center, Olathe, and Fruita.

This year over 5,000 children participated three to four hours per day in Colorado Head Start programs. A minimum of ten percent of these children were children with special needs. The allocation per child for the nine-month program ranges from $1,085 to $1,498 per year, excluding additional allocations for children with special needs. Eight programs have the children four days per week in the classroom and use one day for home visits. The remaining 15 programs provide classroom instruction five days per week, making home visits during the other half of the day. Of the 236 teachers, 75 percent are employed part time by the programs and similar to the teachers, 80 percent of the aides are employed part time.

Head Start programs place a great deal of emphasis on parent involvement both in and outside the classroom. Each classroom attempts to have a different parent work with the teaching team. Parents sit on the policy boards and assist in constructing budgets, employing staff, and advising the program director. The classroom staff monitors communication with the home through regularly scheduled home visits. The result of parent involvement has generated a number of skilled people who have become teaching directors and provide vitality to early childhood education in the community. Head Start programs have become more sophisticated through diversified programs to attempt to meet the varied needs of children and families.

The future of Head Start ultimately rests in the hands of Congress. The appropriation has to be approved each year, which makes long-term planning for the program impossible. The directors of the Denver Head Start program reported during an interview that Head Start has influenced parent participation in the Denver Public Schools. That is, by encouraging maximum parent involvement at the preschool level, the program has developed strong parental motivation to continue to be involved in their child's educational experiences.

C. Special Needs Programs

Approximately 502 children with special needs were served by Head Start last year. According to the Region VIII Office of Child Development, the primary handicapping conditions identified by Head Start were speech problems and language delays. The Head Start special needs program has been in existence since 1974 and since that time many teachers and program administrators have expressed the need to have specific training for teachers to better serve the special needs children.

On July 1, 1976, the Office of Child Development awarded a contract to the Mile High Consortium for the establishment of a Region VIII Resource Access Project (RAP). The primary purpose of the RAP is to assist Region VIII Head Start grantees with resources to facilitate the mainstreaming handicapped children in their programs. This project is part of a network of fourteen RAPs which serve each Federal planning region in the United States.

The goal of the Region VIII RAP is to act as a catalyst for a more efficient use of existing resources directed toward special needs children. In addition, when inadequate use of resources are identified, the RAP program serves a facilitative role in resource development. Currently the RAP is developing a resource information pool to meet the needs of grantees in the area of early childhood education for the handicapped.

Home start programs, an important component of the Head Start program, are operating in Boulder, LaPlata, Otero, and Conejos counties. Home Start takes a family-centered approach to provide information, assistance and support to parents in their homes. This is accomplished through discussions with the parents and involving the parents and children together in enjoyable educational activities during the weekly home visits. Home Start also provides center activities for the education and involvement of both parents and children. The goal of Home Start in general is to strengthen parents' roles as the most important teachers of their children.

Home Start programs place direct emphasis on parent interaction with their children, and these programs are attempting to document their effectiveness with this family-centered methodology. So far, results of the Home Start programs appear to support William Schafer's research conclusion noted below.

> "Parents have great influence upon the behavior of their children, particularly their intellectual and academic achievement. Programs that teach parents skills in educating their children are effective supplements or alternatives for preschool education.

D. Needs Related to Head Start

The following state-level needs have been expressed by Head Start program administrators:

- Increased communications and coordination of Head Start with public school kindergarten programs.
- Increased Head Start funding to allow long-range program planning.
- Increased enrollment for children whose parents want their children to have Head Start experience and find programs in their areas are at full capacity.

VI. HEALTH CARE

A. Early Childhood Study Data Highlights

- Eight counties are without medical doctors and an additional twelve counties have only one or two medical doctors.
- Eighteen counties have no hospital.
- Thirty-eight counties are above the national average in deaths at birth and eleven counties show infant death rates 50 percent or more above U.S. average.
- Twelve counties show neonatal death rates 25 percent or more below the U.S. average and eleven counties show neonatal death rates 50 percent or more above the U.S. average.
- Two counties show low birth weight percentages 25 percent or more below the U.S. average, whereas thirteen counties show low birth weight percentages 50 percent or more above the U.S. average.
- Infant health problem counties are characteristically rural, poor, and with low median educational levels. Spanish surnamed persons are in high proportion in these counties with high percentages of low birth weights and located at high altitudes.
- Health manpower, facilities, and service are markedly lower in high infant health problem counties.
- Births to teenagers are higher in problem counties than the rest of the state, although not markedly. Births to unwed mothers are actually lower in these counties.

B. Health Care and Colorado Youth

Three key indices of prenatal and infant health care for a population are infant death rates (deaths per 1,000 children under one year of age per year), neonatal death rates (deaths per 1,000 children under one month of age) and the percentage of low weight births (weights less than 2,500 grams). Over the ten-year interval between 1963 and 1973, Colorado moved from infant mortality and neonatal birth rates which were higher than the overall U.S. average to rates which were lower than the U.S. average (See Appendix E, Tables 1 and 2). In the same time span, low birth weight percentages in Colorado dropped, but remained above the U.S. average.

A variety of factors can account for the improvement in Colorado's infant and neonatal mortality rates. Better techniques and quality of prenatal and postnatal health care are partially responsible. Also, over the past ten years, Colorado has benefited from the immigration of a young, relatively healthy and wealthy population. Probably not the least among the factors contributing to Colorado improvement is the establishment of public health services such as family planning and child health conferences.

Although statewide infant mortality and neonatal death rates compare favorably to the national average, there is considerable variability within the state. Many counties within the state report infant health conditions well below the national average, while many counties report their status to be well above the national average. Appendix E, Table 1, shows counties in Colorado with rates of infant dealth, neonatal death, and low birth weight which are at least 25 percent above the national average. Appendix E, Table 2, shows counties in Colorado for which these rates are at least 50 percent above the national average. The latter group represents counties with serious levels of infant mortality and low weight births.

With some exceptions, counties with high infant death rates correlate closely with those with high neonatal death rates. This is to be expected since neonatal deaths are also recorded as infant deaths and approximately 70 percent of infant deaths in Colorado occur in the first month of life. The counties with high percentages of low birth weight do not correlate closely with infant deaths. Some counties with high percentages of low birth weight babies, such as Park and Gilpin counties, have relatively low infant death rates. The lack of correlation is probably due to the overriding importance of one variable - altitude - as compared to others. This will be further discussed later.

In this presentation, high infant mortality and low birth weight areas are identified as counties. This should be recognized as a simplification. There are, no doubt, counties, especially highly urban counties, with subdivisions having high rates of infant and neonatal mortality and low weight births. Identifying such locations should certainly be an area for further investigation. Utilizing counties (as a data base) for this report represents a convenient and readily comparable way to identify problem counties.

High problem counties are identified using vital statistics data from a five-year period. This is necessary since the populations of many of the counties involved are small, and year to year variation would render single year data meaningless.

Appendix E, Table 3 compares the mortality and low birth weight counties with the state and nation. Most striking in this comparison is the extremely rural nature of the counties involved. Only three counties - Lake, Montezuma, and Chaffee - have any urban population at all (the U.S. Census Bureau defines urban areas as locations with more than 2,500 persons per square mile).

It is also noteworthy that the counties involved were poor (as measured by median family income) and had median family incomes below the remainder of the state. This is certainly consistent with the numerous other studies which have demonstrated the high correlation between low socioeconomic status, high infant mortality rates, and low birth weight rates. The counties involved show high percentages of Spanish surnamed persons and high median ages, both of which are characteristic of Colorado rural counties. The very high variability within the study group regarding these two variables makes further conclusions unwarranted.

Educational levels and median incomes are slightly higher for high infant mortality counties than for low birth weight counties, but the differences do not appear to be significant. Other studies have demonstrated a strong relationship between high altitude and low birth weight.[25] Appendix E, Table 3, shows the relationship between altitude density and the two groups of infant problem counties. Altitude density is an approximation of the median altitude of residence in a county, based on the altitude and population of all incorporated places. Both the high infant and neonatal death counties and the low birth weight counties show high altitude density. Altitude density is especially high for the 13 counties with extreme low birth weight percentages. None of these counties are located in the Eastern, low altitude half of the state, although many of those counties are poor and show high rates of infant mortality (See map, Appendix E, Page 5). High elevation gives at least some explanation of Colorado's unusually elevated low birth weight rates. It also contributes to the rates of infant mortality since low birth weights render an infant susceptible to mobidity and mortality.

Appendix E, Page 6, shows the births, birth rates, teenage births and rates, and births to unwed mothers and rates. Birth rates to teenagers were higher in the survey counties, but not markedly. Large variability among teenage birth rates as well as "illegitimate" birth rates should be noted. Births to unmarried women were actually lower in the high problem counties than the rest of the state. This may be due to high illegitimacy rates in the highly urban counties such as Denver. In any event, there is no evidence from this data that births to teenagers or unwed mothers have played a major role in the high infant mortality or low birth weights in these counties.

Appendix E, Page 7 shows the number of practicing physicians, practicing nurses, and hospitals in the survey counties. Manpower levels are considerably below the state average for these counties. For example, the high infant death counties have 2.8 times as many persons per physician as does the state. Two of these counties (Kiowa and Elbert) have no practicing physician and one (Archuleta) has no practicing registered nurse. Ten of the counties surveyed had no hospitals. Certainly, lack of manpower might be a key factor in infant health problems in these counties.

Appendix E, Page 8, shows selected Colorado Department of Health services in the survey counties. Only four were served by local health departments and none were home counties for health departments. Two counties received no health department services. The remainder received services from public health nurses. As the table indicates, the level of services delivered to the survey counties is well below the state average.

C. Child Nutrition

Iron deficiency was one of the most prevalent evidences of malnutrition in the Ten State Nutrition Survey[26] and in child health clinics in Colorado. Of 3,694 children from birth to five years of age screened in child health conferences in Colorado in 1975, 11.6 percent had abnormal hematocrits.[27] Iron deficiency is characterized by fatigue, listlessness, irritability, increased susceptibility to infection, and growth retardation.[28]

Additional information is needed regarding the incidence of anemia among children in the total population and could be obtained through ongoing monitoring and surveillance. Although iron deficiency is most prevalent among the low income segment, it is not limited to this group. Iron fortified formulas and cereals during infancy should be encouraged. Nutrition education which emphasizes food sources of iron could help to overcome iron deficiency.

For example purposes, a review of medical records of all children seen in child health conferences in three counties in Colorado revealed the following:[29]

Prowers County -
- 208 records (100% of child health conference records)
- 17% had growth problems identified
- 8% had nutrition problems identified

Bent County -
- 63 records (100% of all child health conference records)
- 14% had growth problems identified
- 29% had nutrition problems identified

Chaffee County -
- 108 records (100% of one branch of Chaffee county child health conference records)
- 3% had growth problems identified
- 10% had nutrition problems identified

Poor nutrition can prevent a child from attaining full height, delay skeletal development, and make him or her susceptible to disease. Behavioral problems characterized by apathy, listlessness, and lack of initiative often result from chronic malnutrition. Inadequate nutrition can thus restrict the child's opportunity for intellectual and social development. According to Dr. Jean Mayer, noted nutritionist, "in terms of money spent and human suffering, one can well argue that every dollar spent on nutrition instruction may save tens of dollars in later medical care."[30]

One out of ten babies born in Colorado has a low birth weight. Studies have shown that high altitude contributes to an increased incidence of low birth weight. Low birth weight is associated with neonatal mortality and perinatal handicaps, injuries, and mortality. Poor maternal nutrition is one of the major factors causing low birth weight.[31]

Nutrition education and diet counseling as an integral part of all prenatal care, coordinated with supplemental food programs for low income, could contribute to the reduction of the number of high-risk pregnant women and high-risk and low birth weight infants who require costly community care.[32]

Nine point one percent (9.1%) of Colorado families are below poverty level. A nutritionally adequate diet is virtually impossible for these families. Supplemental food programs for women, infants, and children who are at nutritional risk levels are available in only 14 of the 63 counties in Colorado.

Additional food programs, combined with nutrition education which emphasizes good meal planning and budgeting, are needed. Supplemental food for a high-risk pregnant woman for a year through Women, Infant, Children Supplemental Food Program about equals the cost of one day of neonatal intensive care and greatly reduces the need in the community for such care.[33]

Of the 94 day care centers contacted by the Early Childhood Survey, only one employs a nutritionist and utilizes nutrition consultative sources. Centers often serve the majority of the child's daily meals and snacks. Since food habits are established early in life, day care centers should assume a major responsibility for molding future food preferences as well as influencing growth patterns. Nutrition consultation should be available to day care center staff. Programs should be monitored to see that guidelines for feeding children are followed and that meal and snack time are learning experiences for children as well.

D. School Health Nursing in Colorado

In August of 1975, the task was undertaken to assess the school health nursing programs in the public schools of Colorado. It was found that, in general, there are two types of school nurses in the state--those employed directly by the school districts, and those employed by public health services working either part time or full time in the school districts. There is also one school district that is served by a part-time public health nurse and a part-time visiting nurse from a hospital.

There are only three school districts in Colorado without school nurse services. They are Kit Carson (138 students) and Arapahoe (75 students) in Cheyenne County, and Littleton (17,909 students) in Arapahoe County. It is of interest to note that in Cheyenne County there are no public health nursing services either. Littleton School District had school health nursing services at one time but discontinued services about four years ago.

The present distribution of school nursing is as follows:

Type of Services	No. of school Districts	No. of Nurses	% of Nurses	No. of Students	% of Students
PHN in school health					
Paid by school district	30	41	9.74	54,048	9.56
Not paid by school district	81	67	15.91	86,862	15.36
School nurses employed by district	65	309	73.40	399,498	70.65
Combination of school nurse PHN	2	4	.95	6,895	1.22
No school health services	3	0	0	18,122	3.21
Totals	181	421	100.00	565,425	100.00

These 421 school nurses are serving 565,425 students in the grades kindergarten through twelve in 178 school districts.

There have been a variety of recommendations for the nurse-pupil ratio. In 1967, the Colorado Department of Education, through the work of the Colorado Advisory Committee on School Health, issued the School Health Services Handbook for Administration and Health Personnel. They concur in this publication with the recommendations of the National Education Association-American Association Joint Committee on school policies for one full-time nurse per 1,200-1,800 pupils for elementary schools and one full-time nurse per 1,800-2,400 pupils for secondary schools as the recommended nurse-pupil ratio.

With the overall picture in Colorado of 421 nurses per 565,425 students, the ratio looks excellent - 1:1344. This is very deceptive as 124 of the school districts employ only part-time nurses. There are 30 of the districts employing either only one part-time nurse for over 1,500 students or having a ratio of over 1,500 students per one full-time nurse.

In October of 1975, a Department of Health survey form was sent to 67 school districts employing nurses. One of the questions asked as "Are statistics available of your school nursing functions?" If yes, please send a statistical summary of the 1974-75 school year." All but 18 of the districts replied "No." The 18 school districts employing their own nurses who kept statistics submitted a summary of their activities; they are included in the Appendix. It was found that there is no uniform data being recorded. Not all schools record the number of referrals made and whether or not they were acted on. Many districts listed the topics of classes taught but not the number or attendance.

All of the survey forms sent were filled out and returned. Most of the nurses responding indicated that if a statistical form for school nursing services was furnished, they would begin collecting data for a statewide report. The public health nurses serving the schools are already keeping statistics of their activities. This data is available through the Health Workers' Activity System at the Colorado Department of Health. A summary of their activities is also included in a table in this section of the report.

A statistical form corresponding to the school nurse survey cited above has been developed and sent out to all school districts employed school nurses along with instructions for its use. Hopefully, during 1976, it will be possible to compile a statewide report of school nurse activities in Colorado. If a nurse is a full-time school nurse but covers all the districts in a county, her program may be limited because of the number of buildings she visits. If the nurse is a part-time or full-time nurse and covers a large caseload of students, her program is limited due to lack of time.

The public health nurse who is not reimbursed for her services by the school districts limits her school health program to vision and hearing screening, evaluating students on referral basis only, and acting as a school health education consultant. If the public health nurse receives some reimbursement from the school, she expands the program accordingly.

An adequate school health program should include:

1. Health Services
2. Health Education
3. Promotion of a Healthful School Environment

Few school health programs are offering all of these services.

Appendix E contains additional health care information related to medical facilities and practitioners by county, selected infant health data, and a recommended health visitation schedule for children from birth to 17 years of age.

E. Needs Related to Health Care

The following state-level needs have been synthesized from the health information included in this report.

-Methods for documenting the effectiveness of preventive health programs.
-Development of a state health plan to eliminate overlapping services.
-Increase in the health services available in counties with fewer than three medical doctors, with priority given to counties with an average altitude above 6,500 feet.
-Development of a plan to identify and treat handicapped children.
-Education of parents as to the logic of preventive health care.
-Availability of funds to families in need with health problems.
-Implementation of a statewide system of monitoring and surveillance of nutrition problems among pregnant women, infants, and children in order to assess nutrition related problems and following with appropriate services.
-Availability of nutrition counseling to women during pregnancy, especially those that are nutritional risks.
-Availability of nutrition education for mothers regarding nutrition and meal planning for children.
-Availability of nutrition education programs within the school system, especially for kindergarten and day care centers.

VII. PARENT EDUCATION AND PARENT INVOLVEMENT

A. Early Childhood Study Data Highlights

- Parent involvement in child care services is minimal, with less than half of the centers and homes surveyed involving parents as volunteers, representatives on policy boards, employees, or workshop participants.
- The parent-teacher conference is the most common form of parent involvement in most child care programs surveyed.
- Kindergarten and nursery schools, which provide part-day care, offer higher levels and more varied forms of parent involvement than day care centers. This is expected in part-day care because most parents that place their children in full-day programs do so because they work. This reduces the parents' opportunity to visit the program during hours when the child is in attendance.

B. Parent Education and Involvement

There is probably no job more important than the rearing of children because the people in a child's life provide the basis for the development of all of his or her skills.[34] Yet, parents in America receive no special training for it. As Dr. Thomas Gordon has noted, "Parents are blamed, but not trained." No license is required for parenthood, and the ability of a parent to meet the needs of children is more or less assumed.

The basis for parent education programs seems to be the notion that child care must be learned and that few people in modern society have intimate, long-term contact with babies before they have children of their own. In the absence of any specific understanding of child development, then, most parents model themselves after their own parents.

Parent education, it is proposed, will help impart the rapidly growing knowledge about child development and health and will keep parents abreast of rapid social changes. Parents have the greatest concern for their own children and have the greatest influence on them. In recent years, increasing efforts have been made to train parents to work with their children more effectively. These "parent-centered" programs, operating independently or in conjunction with a preschool or child care program, have shown promising results. Parent-centered preschool programs, when compared with "child-centered" programs, have had equal immediate effectiveness, greater long-term effectiveness, greater cost-effectiveness, and greater "spin-off" impact on the family and community.[35]

Literature for parents is often unrealistic, especially for working parents. Many books for parents, one reviewer asserts, demand more time and energy than most people have and thus, unwittingly, contribute to parents' anxiety and guilt.[36] The most popular book for parents is the government pamphlet, Infant Care, which was first issued in 1916. To date, nearly 60 million copies have been distributed. In second place is Dr. Benjamin Spock's Baby and Child Care, which has been a 22-million-copy-seller since it was written in 1946.[37]

Nationally, the largest single effort to prepare teens to be parents is being made by the federal government. The U.S. Office of Education, collaborating with the HEW Office of Child Development, is sponsoring the Education for Parenthood Project. The project is designed to encourage schools and other voluntary organizations to initiate parent education programs for teenagers and to help prepare interested students for careers in working with children.

"Exploring Childhood," a parent education curriculum for students and teachers, was tested in 200 schools and community centers in 1973-74. The one-year course uses books and films, observation of child care services, and direct work with children in child care centers.[38]

Where constructive influences in the home are absent, it is usually not because parents are unwilling to provide them. They may be unable to do so for a great variety of reasons; such as, lack of knowledge, insufficient economic resources, or emotional or physical ill health. Programs which will strengthen the family in ways culturally and socially acceptable to the family will do much to enhance the development of the child.

C. Needs Related to Parent Education

General state-level needs developed from the study information include:

- Establishment of more high school centers that combine actual child care services with family life education and career training in the child care profession.
- Expansion of family life education at the high school level and extended downward through the junior high school.
- Coordinated statewide program to help make parents (a) aware of child development principles, (b) better able to select a child care service appropriate to the needs of their children, (c) aware of existing materials on child care and child development that are locally available, and (d) knowledgeable about the public and private resources available to them and to their children.

VIII. HIGHER EDUCATION

A. Early Childhood Study Data Highlights

- Twenty-two colleges and universities surveyed offer early childhood classes.
- There are 34 full-time and 29 part-time early childhood instructors employed by the state institutions of higher education that responded to the survey.
- None of the 63 instructors responding have operated a day care home.
- Nine out of ten day care home operators prefer classes offered by the Department of Social Services of the Colorado Association of Family Child Care.

B. Higher Education Involvement in Early Childhood Education

Nearly 70 percent of the two- and four-year colleges that offer early childhood classes are found along the urban corridor from Pueblo to Ft. Collins. Of the child care providers living in the urban corridor surveyed by the Colorado Early Childhood Study, over half chose to attend workshops and classes provided outside the college or university setting. When a day care home operator attended a workshop or took a class, they chose nine to one those offered by the Department of Social Services or the Colorado Association of Family Child Care.

Of the 22 institutions of higher education, five have established a system for obtaining input from day care home operators and three from day care center operators. Because of the questionnaire wording, some of the colleges may receive informal input from child care providers but do not record this input.

Despite the low input from child care operators, all 22 colleges reported that they offer courses geared specifically for day care center employees. Nine colleges said that they offer classes specifically geared for day care home operators. Three quarters of these class offerings are located in the Denver metropolitan area. The remainder are located along the urban corridor and in Grand Junction.

The working experience of the instructors is primarily in private kindergartens, Head Start, and the public schools. None of the 63 instructors have operated a day care home.

To maintain a link with the field, the survey indicated that the majority of these early childhood instructors are actively engaged in promoting and upgrading early childhood education programs by giving time and consultive services to all types of pre-kindergarten programs.

A problem that seems to be national in scope is that career development in child care is difficult due to the nature of programs offered in the colleges. Prescribed courses and credit hours required often stretch a two-year program to four or five years for employed child care persons. In the meantime, the staff member has acquired four or five years of child care experience on the job. If some of the training could be related to work experience, the amount of time required to obtain a degree or credential could be reduced without reducing the quality of the training.

C. Experience and Education Profile of Child Care Operators

Since 1966, licensing regulations for centers caring for 13 or more children have required the director to have completed some college credits in child development and preschool education. As of June 30, 1976, there were 1,410 persons qualified to be child care directors. This figure only includes the persons who have requested the Colorado Department of Social Services to evaluate their college credits.

The Colorado Association of Family Day Care was incorporated under the laws of the State of Colorado on August 21, 1973, and has a statewide membership of over 600 members. The purpose of the Association is to promote the education of private day care home parents and other persons concerning all aspects of private day care home services, promote higher standards, and promote communication among day care parents and all others which will enhance understanding of day care to the end that day care parents and society will be benefited.

The first County Association of Family Day Care was organized in El Paso County in November, 1970. The purpose of the organization was to encourage care of children in day care homes, provide group insurance for members, and establish a blood bank. Today, 13 county organizations are associated with the State Association. These counties are: Adams, Arapahoe, Boulder, Denver, El Paso, Jefferson, Larimer, La Plata, Logan, Mesa, Morgan, Pueblo, and Weld. Any licensed day care home operator can become a member of the State Association. According to the Colorado Association of Family Day Care membership roster, approximately 21 percent, or 600 of the 2,903 licensed day care homes, are members of the Association. The Association has, in six years, done a great deal to decrease the feeling of isolation of day care home operators, develop a strong communication system, and develop educational opportunities for all day care home operators.

The child care field has been expanding rapidly and the need for trained staff members may well be one of the most critical areas requiring immediate attention.[39] Centers in Colorado have increased by 129 percent and homes by 97 percent in the last four years. A survey of 73 Colorado day care center directors indicated that staff development and training was a prime concern... Nationally, 65 percent of the teachers and 25 percent of the aides in child care centers have had some college experience.[40] Median salary, nation-wide, for child care center directors and teachers is $360 a month, or $4,320 a year.[41]

D. Needs Related to Higher Education

State-level needs have been synthesized from the study information. They include:

- Identify and meet the training needs of day care home operators as well as day care center directors.
- Provide additional early childhood education training experiences

for special education college students.

- Provide a greater number and variety of courses directed toward the child care profession, particularly in the eastern plains and western slope areas.
- Provide more bilingual-bicultural training for early childhood education students.
- Provide greater coordination between early childhood education training programs and the state and federal agencies with responsibilities in this area.

IX. DATA LIMITATIONS

A. Public School Data

Attempts were made to contact every public school preschool program with 11 or more children enrolled during the 1975-76 school year. The data was obtained through a telephone interviewing process with the directors of the respective programs during the month of July, 1976. The data collected is representative of the programs operating during the 1975-76 school year.

B. Head Start Data

Data was gathered from all 23 Head Start programs in the State of Colorado. The data was collected from the State Office of Human Resources and the Office of Child Development. In addition, telephone calls were made to directors of Head Start programs when conflicts were identified between the State Human Resource Office and the Office of Child Development information. The data collected is representative of the programs operating during the 1975-76 school year.

C. Higher Education Data

The higher education information was obtained through a mail-out questionnaire to early childhood department personnel of higher education institutions. Follow-up telephone calls were made when necessary. The questionnaire was sent out during the month of June, 1976. The data collected is representative of the early childhood courses and programs offered during the 1975-76 school year.

D. Day Care Home Data

The data was collected, by county, by volunteers instructed in the usage of the questionnaire designed for day care homes. The interviews took place with day care home operators during the months of April and May of 1976.

Data was not gathered from the following counties: Delta, Douglas, Eagle, Grand, Hindsdale, Huerfano, Kit Carson, Las Animas, Logan, Moffat, Montrose, Morgan, Otero, Phillips, Pitkin, Saguache, San Juan, Sedgwick, Summit, Teller, Washington, Weld, and Yuma. Due primarily to the decrease of sample homes in the aforenamed counties, the sample received was 14 percent, which was six percent short of the sample desired.

Follow-up interviews indicated interviewers selected homes randomly, as instructed, rather than selecting only particular homes to interview. In addition, we have no reason to believe that those operators not interviewed were different from those interviewed.

According to the Colorado Assoication of Family Day Care membership roster, approximately 21 percent, or 600 of the 2,903 licensed day care homes, are members of the Association. Responses to the survey indicate that the homes that belong to the State Association also belong to a county association. However, responses to this question in the survey showed an abnormally high (44 percent) membership in the State Association.

E. Day Care Center Program Data

The data was collected by volunteers instructed in the usage of the questionnaire designed for day care centers. The interviewing of day care program operators took place during the months of April and May, 1976.

Data was not gathered from the following counties: Delta, Douglas, Grand, Huerfano, Las Animas, Moffat, Montrose, Morgan, Otero, Ouray, Phillips, Rio Grande, Saguache, Summit, Teller, Washington, and Yuma. Due primarily to the decrease of sample centers in the aforenamed counties, the sample received was 18 percent, two percent short of the sample desired.

Follow-up interviews indicated interviewers selected centers randomly, as instructed, rather than selecting only particular centers to interview. Also, there is no reason to believe that those operators not interviewed were different from those interviewed.

F. Confidence Intervals of Estimates

The accuracy of the estimated percentages obtained from the sample is a function of the randomness of the sample, the sample size, the population size, and the actual percent estimated.

Assuming reasonable representativeness of the sample, the true value of any variable will lie within some interval of the sample estimate. That is, if an estimated 44 percent of the homes are members of the Colorado Association of Family Day Care, then the true value will lie in the interval 44 ± 5 percent in 95 out of 100 cases. This is a 95 percent confidence interval. Thus, the reader can be reasonably confident that from 39 to 49 percent of the licensed day care homes are, in fact, members of the Colorado Association of Family Day Care.

For example, 79 percent of the home operators reported that they knew where to report a suspected case of child abuse. The confidence interval for homes, when the percent is greater than 70 percent, is shown in Table 1 as ± 4 percent, or from 75 to 83 percent would say they know where to report suspected cases of child abuse. See Table 1.

G. Confidence Intervals of Estimates

The accuracy of the estimated percentages obtained from the sample is a function of the randomness of the sample, the sample size, the population size, and the actual percent estimated. The bottom half of Table 1 gives the size of the difference necessary to talk about significant differences between an estimate for day care homes and an estimate for day care centers (assuming the same data is available for both). For example, 74 percent of the home operators and 80 percent of the center directors reported they were aware of legal obligations to report child abuse. Table 1 indicates a difference of 11 percent is necessary to be significant (at 95 percent level of significance). Therefore, there is no reason to believe that center directors are more aware of legal obligations to report child abuse than licensed day care home operators.

TABLE 1

CONFIDENCE INTERVALS FOR ESTIMATES

If estimated percent is:		0 - 30% or 70 - 100%	30 - 70%
95% confidence interval is (approximately) the estimated percent plus or minus:	Centers	± 9%	± 10½%
	Homes	± 4%	± 5%
When comparing percent reported for homes vs. percent reported for centers, if either estimated percent is:		0 - 30% or 70 - 100%	30 - 70%
Difference necessary to be significant at percent less than .05 is approximately:		11%	12½%

Conclusion: Given the appropriate confidence intervals, the sample is sufficiently representative of the population to allow policy conclusions to be drawn.

X. CONCLUSIONS AND RECOMMENDATIONS

A. Conclusions

The preceding chapters of this report describe the status of Early Childhood Education in Colorado with regard to Pre-kindergarten Public School Programs, Child Care, Head Start, Health Care, Parent Education, and Higher Education. More detailed information from sources such as the U.S. Census, Department of Education Questionnaires, and state and federal agency records can be found in the Appendices of this report. As this report is primarily descriptive in nature (rather than evaluative), the conclusions outlined below represent summary statements from the large volume of information presented in the text and appendices of the report. The needs statements described in this section reflect the judgement of the author of this report and are based on the synthesis of report data along with the inputs of many individuals working with the various review committees established by the study. Needs statements are generally applicable to the State of Colorado as a whole rather than applicable to specific geographical regions or specific state and local agencies. As this study was initiated and supported by the Colorado Department of Education, the recommendations are directed to the State Board of Education and reflect the judgements of the author of this report. Summary statements and needs for each content chapter of the report follow:

1. Pre-kindergarten Public School Programs

   a. Legislation -- The 1973 Colorado House Bill number 1443 establishes the right of public school districts to develop and maintain preschool programs but such programs are not eligible for state equalization support.

   b. Research -- Research indicates that the early years of life have a significant effect on the intellectual and emotional development of children. Also, there is some evidence that over the long term preschool experiences for children relate positively to cost benefits with regard to reduced expenditures for special and remedial education, delinquency and crime, and an increase in the general productivity of society.

   c. Pre-kindergarten General Operations -- During 1975-76 seventeen school districts offered pre-kindergarten programs for approximately 4548 children ages 3 to 5 years. This includes 794 children with special needs. The Jefferson County School District operated the largest number of pre-kindergarten programs and served 2800 children.

   d. Pre-kindergarten Staffing -- A total of 46 full-time and 12 part-time teachers are employed in public preschool programs. A majority of these teachers (62%) have at least a bachelors degree in Early Childhood Education. 10% of these teachers are bilingual.

e. Pre-kindergarten Early Screening -- Most physical examinations children receive prior to enrolling in preschool programs do not identify developmental, visual, hearing, speech, or language problems. Most preschool programs provide the screening to children who are enrolled in the program.

f. Pre-kindergarten Program Funding -- Funds for pre-kindergarten public school programs come mainly from Title I-ESEA, Title IV C-ESEA, and/or parent fees.

g. Pre-kindergarten Program Descriptions -- Preschool programs in Colorado have diverse staffing patterns and organizational structures. Program operations vary from home-based programs, to classroom programs, to a combination of home-based and classroom. One program places emphasis on bilingual-bicultural education while several others emphasize basic cognitive and psychomotor skills of a readiness nature.

h. Needs of Pre-kindergarten Programs -- General needs which could be addressed at the state level as expressed by pre-kindergarten program administrators include:

- A delivery system for early screening and diagnosis for children enrolling in preschool programs.
- State legislation to include pre-kindergarten programs in the School Foundation Act.
- Solicitation and coordination of state and federal funds for public school pre-kindergarten programs.
- Development of a state master plan for pre-kindergarten public school programs, staffing, and funding.

2. Pre-kindergarten Public School Programs for Children with Special Needs

a. The 1973 Colorado House Bill 1164 recognizes the obligation of the State to provide educational opportunities to handicapped children ages five to twenty-one. The Bill also states that handicapped children below the age of five may be included in pre-school classes, and that handicapped children should be educated in regular classrooms insofar as practical.

b. State Agency Support Services -- Various Colorado state agencies such as the Colorado Department of Education, Department of Institutions, and the Department of Social Services provide a wide range of services to handicapped children between the ages of birth and five years old. These services include identification, diagnosis, and assessment; treatment services; child maintenance and health services; educational services; and a variety of ancillary services such as library access, transportation, counseling and prosthetic equipment supply.

c. Public School Pre-kindergarten Program Information (for Children with Special Needs) -- Seventeen Public School Districts and eleven BOCS in Colorado served approximately 986 three, four, and five year old children with special needs. In classroom type programs children spend an average of three days a week for four hours each day. Of the 33 full-time and 4 part-time teachers 24% have a degree in special education. None of the teachers were reported as being bilingual. The public school and BOCS programs employ a total of 34 teachers aides. All of the programs surveyed provide screening for the children. Funding sources include Title I, ESEA; Title IV-C, ESEA; Title IV-B, ESEA, and parent fees. Program operations vary between home based, classroom based, identification programs, or some combination of these.

d. Needs of Pre-kindergarten Public School Programs for Children with Special Needs -- General needs that could be addressed at the state level as expressed by program administrators include:

- Planning and development of pre-kindergarten programs for children with special needs that are not being served.
- Quality training programs for teachers which relate directly to pre-kindergarten programs for children with special needs.
- Additional teachers with bilingual-bicultural abilities in pre-kindergarten programs for special needs children.
- Assistance to school districts to seek and obtain federal and state funds for programs for children with special needs.

3. Child Care

a. Research Information -- Most research concerning the effects of the care a child receives in the early years of his or her life indicates the critical importance of a child's intellectual, emotional and social development between the ages of birth and five years. A general conclusion that could be drawn from the research is that child care services are not detrimental to a child's total development.

b. Child Care and the Family -- Most families provides competent care for children yet recent changes in the nature of the American family have played a large role in creating the demand for increased child care services. In addition, research shows that many families place their children in preschools or day care "learning" centers because they feel these experiences will enrich and enhance the development of their children. Research also concludes that day care does not contribute to a breakdown in family life but is established in response to a need generated by the family itself.

c. Child Care and the Working Mother -- Thirty percent (46,661 women) of the working women in Colorado have children under six years old. Each year an increasing number of women enter the labor force due to economic need, an increasing divorce rate, increasing job opportunities for women, and in response to the changing attitudes related to womens roles in society.

d. Licensed Child Care -- Over a four-year period between 1972 to 1976 Colorado experienced an increase of 129% in the number of licensed day care spaces available to children 0 to 6 years old. As of May, 1976 there were 18,867 licensed spaces available in day care centers, infant nurseries, toddler nurseries, and private preschools. Licensed day care home spaces as of May, 1976 totaled 14,062 spaces representing an increase of 97% from 1972.

e. Economic Impact of Child Care -- The child care industry in Colorado has a total yearly operating budget of approximately 22 million dollars. The child care industry employs over 4370 persons full time, and full-day child care allows approximately 22,402 parents to work while providing care to their children. The majority of funding comes from parent fees, with some support from industry or churches. Less than 15% of the operating monies come from government funds. The range of fees charged for full-day center care per child is from $3.00 to $9.00 per day, or about $100 per month.

f. Child Care and Welfare -- Some evidence points to a reduced need for welfare assistance by parents who enroll their children in child care programs and are then free to seek employment.

g. Child Abuse and Neglect -- All child care employees are required by law to report any suspected cases of child abuse or neglect. Seventy-three percent of day care center programs surveyed do not have written policies or procedures regarding the abuse or neglect of children. Seventy-nine percent of all day care homes surveyed indicated they knew how and where to report child abuse. Sixty-six percent of day care home employees have not had any training in identifying children who are abused or neglected.

h. Child Care Record Keeping -- State Licensing Regulations require child care operators to maintain records on each child for certain basic informational areas such as name, address, parent data, health data, and basic developmental information. Few child care programs collect information related to childrens physical, social, or language development. Less than 20% of the programs surveyed pass the developmental information on to the next program the child enrolls in. Twenty-five percent of the day care homes surveyed maintained developmental records.

i. Child Care and Special Needs Children -- Among the day care centers surveyed 63% accepted children who were professionally diagnosed as physically handicapped, 52% accepted children diagnosed as mentally handicapped, and 68% accepted children diagnosed as emotionally handicapped. Fewer than half of the day care centers willing to accept handicapped children had any enrolled. Of the day care homes surveyed 49% accepted children with physical handicaps, 39% accepted mentally handicapped children, and 34% accepted children diagnosed as emotionally handicapped. Using a projection technique the study concludes that there are 1487 handicapped children being served by day care centers and 490 handicapped children being served by day care homes in Colorado.

j. Child Care Support Services -- The Department of Social Services and the Department of Health provide services to child care operators. Other than licensing services these agencies are used mainly as referral sources. The study found the use of these services in actuality was lower than the reported use of these services by the child care operators responding to the survey.

k. Child Care Additudinal Information -- A majority of day care center and home operators reported that their programs contribute to improved accademic success of the children in elementary school, improvement in student self-concept and self-adjustment to new situations, and increased parent involvement with the child's growth and development. Almost one-half of the operators surveyed felt there are too few centers to meet the demand. Most operators indicated considerable concern for the overall physical and emotional well-being of the children. The needs most frequently expressed by center and home operators focus on fiscal resources for facilities, qualified staff, and program development.

l. Needs Related to Child Care -- The most common state-level needs as expressed by day care centers and homes are noted below:

- Central coordination of state and federal money to prevent overlap and loss of greatly needed funds.
- Suitable training for child care employees underwritten by scholarships and/or loans made available to child care employees to enable them to upgrade their competencies.
- Federal, state, or industry underwriting fees to enable more parents to pay on a sliding scale formula.
- Expansion of the present associations or establishment of voluntary, non-profit child care associations in each county to aggressively promote the interests of children and families in child care.
- Development of a child care service capacity to strengthen the ties between the family and the child care service, to increase parent involvement in the programs, and to help provide parent education.

4. Colorado Head Start Programs

a. General Operations -- During 1975-76 over 5000 children participated an average of 3 to 4 hours per day in Colorado Head Start Programs. A minimum of 10% of these children were children with special needs. The allocation per child ranged from $1,085 to $1,498 per year for the nine-month program. Of the 26 programs most were a combination of home-based and center-based. A total of 236 teachers were employed by Head Start, 75% on a part-time basis. Considerable emphasis was placed on parental involvement.

b. Head Start and Special Needs Children -- Approximately 500 children with special needs were served by Head Start during 1975-76. Speech problems and language delays were the most prevalent handicapping conditions identified. Some federal assistance has been identified to assist Head Start programs with resources to facilitate the mainstreaming of handicapped children. The Home Start component of Head Start places direct emphasis on parent interaction with the Head Start children.

c. Needs Related to Head Start -- The following state-level needs have been expressed by Head Start program administrators:

  - Increased communications and coordination of Head Start with public school kindergarten programs.
  - Increased Head Start funding to allow long-range program planning.
  - Increased enrollment for children whose parents want their children to have Head Start experience and find programs in their areas are at full capacity.

5. Health Care

a. Health Care Indices -- Although the quality of health care in Colorado has been improving steadily over the past five years report data shows that 19 Colorado counties are without hospitals and 21 counties have fewer than two doctors. On one index of health care, infant deaths, 38 counties have infant deaths greater than the National average. There is considerable variability between counties on health indices of neonatal death rates and low weight births. Several counties are above the National average with regard to these indices. Demographic factors related to the counties having low birth weights, high infant and neonatal death rates include: median incomes below the poverty level, rural in nature, high in altitude, and high percentages of Spanish surnamed residents.

b. Child Nutrition -- A positive correlation exists between inadequate nutrition and poverty. One out of every ten families in Colorado have incomes below the poverty level. Less than two percent of the day care centers surveyed used nutrition consultation services or employed a nutritionist. Nutritional deficiences among Colorado residents have been identified for the consumption of iron, calcium, thiamin, total food calories, and niacin.

c. School Health Nursing in Colorado -- During 1975-76 there were 421 school nurses serving 565,425 students in grades kindergarten thru twelve in 178 school districts. Thirty of these districts employ only a part-time nurse. Nurses are employed directly by school districts or part-time services are provided by public health nurses.

d. Needs Related to Health Care -- The following state-level needs have been synthesized from the health information included in this report:

- Methods for documenting the effectiveness of preventive health programs.
- Development of a state health plan to eliminate overlapping services.
- Increase in the health services available in counties with fewer than three medical doctors, with priority given to counties with an average altitude above 6,500 feet.
- Development of a plan to identify and treat handicapped children.
- Education of parents as to the logic of preventive health care.
- Availability of funds to families in need with health problems.
- Implementation of a statewide system of monitoring and surveillance of nutrition problems among pregnant women, infants, and children in order to assess nutrition related problems and following with appropriate services.
- Availability of nutrition counseling to women during pregnancy, especially those that are nutritional risks.
- Availability of nutrition education for mothers regarding nutrition and meal planning for children.
- Availability of nutrition education programs within the school system, especially for kindergarten and day care centers.

6. Parent Education and Parent Involvement --

a. Parent Involvement in Child Care -- Parent involvement in child care services is minimal, with less than half of the centers and homes surveyed by this study involving parents as volunteers, representatives on policy boards, employees, or workshop participants. The parent-teacher conference is the most common form of parent involvement in the child care programs surveyed. Considerable limitation is placed on parental involvement with child care due to the work schedule of parents.

b. Parent Involvement in Kindergarten and Nursery Schools -- Kindergarten and nursery schools offer higher levels and more varied forms of parental involvement than day care centers. These part-day programs can encourage maximum parental involvement because most parents who enroll their children in these programs do not hold jobs. In Colorado a few parent centered programs, usually operating in conjunction with a preschool or child care program, are in existence. These programs operate on the philosophy that they have equal effectiveness as child centered programs but greater long-term effectiveness, greater cost effectiveness and greater positive impact on the family and the community.

c. Needs Related to Parent Education and Involvement -- General state-level needs developed from the study information include:

  - Establishment of more high school centers that combine actual child care services with family life education and career training in the child care profession.
  - Expansion of family life education at the high school level and extended downward through the junior high school.
  - Coordinated statewide program to help make parents (a) aware of child development principles, (b) better able to select a child care service appropriate to the needs of their children, (c) aware of existing materials on child care and child development that are locally available, and (d) knowledgeable about the public and private resources available to them and to their children.

7. Higher Education

a. Higher Education Involvement in Early Childhood Education -- Twenty-two Colorado colleges and universities offer early childhood classes to their students. The institutions responding to the survey reported that they offer courses geared specifically for day care center employees. None of the 34 full-time and 29 part-time early childhood instructors have operated a day care home and almost three quarters of the institutions that offer early childhood courses are found along the urban corridor from Pueblo to Ft. Collins.

b. Experience and Education Profile of Child Care Operators -- Licensing regulations for child care centers require the director to have completed some courses in child development or preschool education. An organization known as the Colorado Association of Family Day Care was incorporated in 1973 to promote the education of private day care home parents and promote higher quality day care services. The survey of day care homes and centers found that staff development and training was a priority need. Ninety percent of day care home operators prefer classes offered by the Department of Social Services or the Colorado Association of Family Child Care.

c. Needs Related to Higher Education -- State-level needs have been synthesized from the study information. They include:

  - Identification of training needs of day care home operators as well as day care center directors.
  - Services to meet the training needs of day care home and center staff.

- Additional early childhood education training experiences for special education college students.
- Increased number and variety of courses directed toward the child care profession, particularly in the eastern plains and western slope areas.
- Greater coordination between early childhood education training programs and the state and federal agencies with responsibilities in this area.

B. Recommendations

To insure that parents with children three to five years of age have educational options available to them, the Colorado Early Childhood Study recommends that the Colorado Department of Education initiate the following tasks:

1. Coordinate the existing efforts by:
   a. Identifying pre-kindergarten aged children's developmental and educational needs;
   b. Coordinate present and future educational early childhood resources;
   c. Seek alternative sources of funding for early childhood public school efforts;
   d. Develop a state plan to integrate service delivery by the Special Education, Field Services, Title I, Development and Demonstration, and Planning and Evaluation Units.
2. Assist pre-kindergarten public school programs by:
   a. Making known existing or potential sources of funds;
   b. Developing a communication system between existing programs and the Colorado Department of Education.
3. Establish educational criteria by:
   a. Developing comprehensive educational standards for pre-kindergarten public school programs;
   b. Developing certification standards for preschool teachers.
4. Resource to Governor's Office by:
   a. Collecting data on existing programs;
   b. Identifying needs of programs and of children.
5. Aid parent education efforts by:
   a. Cataloging programs available to pre-kindergarten aged children;

b. Disseminating child growth and development materials;

c. Suggesting criteria for selecting a preschool program for a child;

d. Providing consultative assistance to parent education programs in public schools.

If funds for a full-time early childhood person(s) at the Colorado Department of Education cannot be secured, the Colorado Early Childhood Study recommends that the Special Education, Field Services, Title I, Development and Demonstration, and Planning and Evaluation Units coordinate regularly to pursue these tasks.

APPENDIX A

Pre-Kindergarten Public School Program Data

Pre-Kindergarten Survey Form

Contact person ______________________ Phone # __________

This is a Public School __________

County ______________________

Town ______________________

School District ______________________

OPERATIONS

What days of the week is this program in operation?

Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun ___

How many hours does a child attend this program a day? __________

How many shifts per classroom? ______________________

What months of the year is this program working directly with children?

______________ to ______________

ENROLLMENT

How many classrooms does this program use? ______________________

How many children were enrolled in the program during May of this year? __________

How many children can this program serve at any one time? ______________________

How many of those children spoke spanish? ______________________

How many children in this program last year had been professionally diagnosed as physically handicapped? ______________________

How many *additional* children in this program did you suspect had a physical handicap?

____

How many children in this program last year had been professionally diagnosed as mentally handicapped? ______________________

How many *additional* children in this program did you suspect had a mental handicap?

____

How many children in this program last year had been professionally diagnosed as emotionally handicapped? ______________________

How many *additional* children in this program did you suspect had an emotional handicap?

____

STAFFING

How many teachers does this program employ? Full Time ________ Part Time ________

How many teacher aids does this program employ? Full Time ________ Part Time ________

How many of the teachers employed by this program have a bachelors degree or above in Early Childhood Education? ______________________________

How many of the teacher aids employed by this program, have a bachelors degree or above in Early Childhood Education? ______________________________

How many of the teachers employed by this program are bilingual? ______________

How many of the teacher aids employed by this program are bilingual? ______________

SCREENING

In your opinion do the physical examinations children have before coming to this program identify:

a) developmental problems?.....................Yes _____ No _____
b) vision problems?............................Yes _____ No _____
c) hearing problems?...........................Yes _____ No _____
d) speech/language problems?...................Yes _____ No _____
e) other (specify) ______________________________

Does this program provide for children to have:

a) development screening?......................Yes _____ No _____
b) vision screening?...........................Yes _____ No _____
c) hearing screening?..........................Yes _____ No _____
d) speech and language screening?..............Yes _____ No _____

FUNDING

Check where funds for this program come from:

Local School District _____
Title I ESEA _____
Fees directly from parents _____
Title VI ESEA _____
Title IV ESEA _____
OCD _____

OPEN ENDED QUESTIONS

What is the future of your program? (i.e, will the program expand; decrease; or ...)

What do you feel are the major needs of this program in the next 3 years?

PRE-K SCHOOL PROGRAMS

General Operation

County	School District	Months Program Works With Children	Summer	No. of Children		No. of Days Children Attend a Week	No. of Hours a Child Attends a Day	No. of Classrooms Used	No. of Classrooms Used Two Times Per Day	Notes
				Being Served	Capacity					
Alamosa	BOCS	Sep. to June		119	119	1-3	1½-3	0	0	Home base program for high risk children
Boulder	St. Vrain Valley RE-1-J	Full Year		30	30	5	8	1	0	Teenager to work with pre-K children as part of the career development program
Denver	Denver 1	Sep. June		702	702	4-5	2½	37	16	One home visit per family per month
Jefferson	Jefferson R-1	Sep. June		2600	indefinite	2	2½	34		Home base program included
Park	Platte Canyon-2	Sep. May		40	45		2½	2	2	Parents participate with the children
Pueblo	Pueblo 60	Oct. May	6 wks.	80	80	2	2	2	2	Program for high risk children
Weld	Fort Lupton RE-8	Sep. June		100	120	5	3	2	2	High emphasis on BL/BC education
	Greeley - 6	Sep. May		83	50	2	1-2	1	0	This is principally a home based program. The parents participate in regular group parent meetings.
Yuma	Wray R-J-2									

SOURCE: Colorado Early Childhood Study, 1976

PRE-K PUBLIC SCHOOL PROGRAMS

Staffing

School District	Teachers				Aides				Notes
	No. of Full Time	No. of Part Time	No. with Bachelor or Above in ECE *	No. of BL**	No. of Full Time	No. of Part Time	No. with Bachelor or Above in ECE *	No. of BL**	
Alamosa BOCS				13	0	0	0	12	All home visit staff are para-professionals
St. Vrain Valley RE-1-J	1	1	0	0	0	3	0	1	
Denver 1	17	5	21	4	17	5	0	14	
Jefferson R-1	22	3	7	0	65	25	5	2	They have not hired a new teacher for three years.
Platte Canyon - 2	1	1	2	0	0	[illegible]	0	0	The classroom staff is supplemented by parent volunteers
Pueblo 60	1	0	1	0	1	0	1	0	In addition, there is developmental continuity in the school district
Fort Lupton RE-8	2	0	2	1	2	0	0	2	
Greeley 6	1	2	3	1	1	2	0	3	

*ECE = Early Childhood Education
** BL = Bilingual

SOURCE: Colorado Early Childhood Study, 1976

PRE-K PUBLIC SCHOOL PROGRAMS

Screening/Funding

School District	Local Physical Exams Ability to Identify Developmental Physical Problems				Programs Proving Screening				Funding for this Program				
	Dev.	Vis.	Hear.	Speech/Lang.	Dev.	Vis.	Hear.	Speech/Lang.	School District	Title I ESEA	Title IV C ESEA	Title VI B ESEA	Parent Fees
Alamosa BOCS	No	No	No	No	Yes	Yes	Yes	Yes	x	x			
St. Vrain Valley RE-1-J	Yes	Yes	Yes	Yes	No	No	No	No					x
Denver 1	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x	x			
Jefferson R-1	No	No	No	No	Yes	Yes	Yes	Yes	Inkind	x			x
Platte Valley 2	No	No	No	No	Yes	Yes	Yes	Yes	x		x		x
Pueblo 60	No	No	No	No	Yes	Yes	Yes	Yes	x		x		
Fort Lupton RE-8	-	-	-	-	No	Yes	Yes	Yes	x				
Greeley 6	No	No	No	No	No	No	No	No		x X			
Wray R-J-2													

SOURCE: Colorado Early Childhood Study, 1976

APPENDIX B

Pre-Kindergarten Public School Program Data
For Children with Special Needs

PRE-K SCHOOL PROGRAMS
FOR CHILDREN WITH SPECIAL NEEDS
General Operation

County	School District	Months Program Works With Children	Summer	No. of Children Being Served	Capacity	No. of Days Children Attend a Week	No. of Hours a Child Attends a Day	No. of Classrooms Used	No. of Classrooms Used Two Times Per Day	Notes
Adams	Mapleton 1	-	-	4						
	East Lake 12	-	-	4						
	Commerce City 14	-	-	1						
	Westminster 50	Sep. to June		200	200	1	2	1	0	Parents meet with staff at the same time children are in the classroom
Arapahoe	Cherry Creek	Aug. to June		20	25	2	1	0	0	Home based program
	Sheridan	Oct. to May		75	75	4½	5	3	0	
Boulder	St. Vrain	-	-	1	-	-	-	-	-	
	Boulder RE-2-J	-	-	3	-	-	-	-	-	
Delta	Delta 50-J	-	-	1	-	-	-	-	-	
Denver	Denver 1	-								
Douglas	Douglas RE-1-J	-	-	2	-	-	-	-	-	
El Paso	Colorado Springs 11	Sep. to May		153	153	4	2½	6	6	This program has a home based program component
Jefferson	Jefferson R-1	-	-	200	200	5	2½	11	11	This program has a home based program component
Larimer	Poudre 1	Sep. to June		50	50	5	2-5	1	1	
Mesa	Mesa 51	-	-	6 6	-	-	-	-	-	
Montrose	Montrose RE-1-J	-	-	3	-	-	-	-	-	
Weld	Greeley 6	-	-	6	-	-	-	-	-	
						OTHER				
Denver	JFK									

SOURCE: Colorado Early Childhood Study, 1976

PRE-K PUBLIC SCHOOL PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS

Staffing

School District	Teachers No. of Full Time	No. of Part Time	No. with Bachelor or Above in ECE	No. of BL	Aides No. of Full Time	No. of Part Time	No. with Bachelor or Above in ECE	No. of BL	Notes
Mapleton 1	-	-	-	-	-	-	-	-	
East Lake 12	-	-	-	-	-	-	-	-	
Commerce City 14	-	-	-	-	-	-	-	-	
Westminster 50	2	0	0	0	2	0	0	0	
Cherry Creek	2	1	0	0	0	0	0	0	
Sheridan 2	3	0	1	0	6	0	0	0	
St. Vrain	-	-	-	-	-	-	-	-	
Delta 50-J	-	-	-	-	[illegible]	-	-	-	
Denver-1	-	-							
Douglas RE-1-J	-	-	-	-	-	-	-	-	
Colorado Springs 11	6	0	3	0	6	0	1	0	Teachers have a bachelor or above in special ed.
Jefferson R-1	11	0	5	0	11	0	2	0	Teachers and most aides have bachelor or above in special education.
Poudre 1	2	0	0	0	1	0	0	0	
Mesa 51	-	-	-	-	-	-	-	-	
Montrose RE-1-J	-	-	-	-	-	-	-	-	
Greeley 6	-	-	-	-	-	-	-	-	

OTHER

SOURCE: Colorado Early Childhood Study, 1976

JFK

PRE-K PUBLIC SCHOOL PROGRAMS
FOR CHILDREN WITH SPECIAL NEEDS
Screening/Funding

	Local Physical Exams Ability to Identify Developmental Physiological Problems				Program Providing Screening				Funding for this Program				
School District	Dev.	Vis.	Hear.	Speech/Lang.	Dev.	Vis.	Hear.	Speech/Lang.	School District	Title I ESEA	Title IV C ESEA	Title VI B ESEA	Parent Fees
Mapleton 1	-	-	-	-	-	-	-	-	-	-	-	-	-
East Lake 12	-	-	-	-	-	-	-	-	-	-	-	-	-
Commerce City 14	-	-	-	-	-	-	-	-	-	-	-	-	-
Westminster 50	-	-	-	-	Yes	Yes	Yes	Yes	x				x
Cherry Creek	Yes	No	Yes	Yes	Yes	No	Yes	Yes	x		x	x	
Sheridan 2	No	No	No	No	Yes	-	No	-		x			
St. Vrain	-	-	-	-	-	-	-	-	-	-	-	-	-
Boulder RE-2-J	-	-	-	-	-	-	-	-	-	-	-	-	-
Delta 50-J	-	-	-	-	-	-	-	-	-	-	-	-	-
Denver 1													
Douglas RE-1J	-	-	-	-	-	-	-	-	-	-	-	-	-
Colorado Springs 11	-	-	-	-	Yes	Yes	Yes	Yes	x			x	
Jefferson R-1	No	No	No	No	Yes	Yes	Yes	Yes				x	
Poudre 1	Some	Some	Some	Some	Yes	Yes	Yes	Yes	x			x	
Mesa 51	-	-	-	-	-	-	-	-	-	-	-	-	-
Montrose RE-1-J	-	-	-	-	-	-	-	-	-	-	-	-	-
Greeley 6	-	-	-	-	-	-	-	-	-	-	-	-	-
							OTHER						
JFK													

SOURCE: Colorado Early Childhood Study, 1976

PRE-K BOCS PROGRAMS
FOR CHILDREN WITH SPECIAL NEEDS
General Operation

Name	Months Program Works With Children		Summer	No. of Children		No. of Days Children Attend a Week	No. of Hours a Child Attends a Day	No. of Classrooms Used	No. of Classrooms Used Two Times Per Day	Notes
		to		Being Served	Capacity					
East Central	-	-		10	-	-	-	-	-	
Southwestern	-	-		1	-	-	-	-	-	
Mountain	-	-		8	-	-	-	-	-	
Northeastern	-	-		7	-	-	-	-	-	
North West	Sep.	May		100+	100+	1	3	0	0	Home base program
Pikes Peak	-	-		3	-	-	-	-	-	
San Luis Valley	-	-		2	-	-	-	-	-	
South Central	-	-		8	-	-	-	-	-	
SEMBCS	Sep.	June		17	17	5	4	2	0	
Southeastern	-	-		5	-	-	-	-	-	
Weld	Nov.	Aug.		31	31	-	-	-	-	Identification program

SOURCE: Colorado Early Childhood Study, 1976

PRE-K BOCS PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS

Staffing

BOCS	Teachers				Aides				Notes
	No. of Full Time	No. of Part Time	No. with Bachelor or Above in ECE	No. of BL	No. of Full Time	No. of Part Time	No. with Bachelor or Above in ECE	No. of BL	
East Central	-	-	-	-	-	-	-	-	
Southwestern	-	-	-	-	-	-	-	-	
Mountain	-	-	-	-	-	-	-	-	
Northeastern	-	-	-	-	-	-	-	-	
Northwest	0	2	0	0	1	0	0	0	Teachers have bachelors or above in special education
Pikes Peak	-	-	-	-	-	-	-	-	
San Luis Valley	-	-	-	-	-	-	-	-	
South Central	-	-	-	-	-	-	-	-	
SEMBCS	2	-	-	-	5	-	-	-	
Southeastern	-	-	-	-	-	-	-	-	
Weld	3	-	-	-	0	-	-	-	

SOURCE: Colorado Early Childhood Study, 1976

BOCS PROGRAMS
FOR CHILDREN WITH SPECIAL NEEDS
Screening/Funding

BOCS	Local Physical Exams Ability to Identify Developmental Physiological Proble				Program Providing Screening				Funding for This Program				
	Dev.	Vis.	Hear.	Speech/Lang.	Dev.	Vis.	Hear.	Speech/Lang.	School District	Title I ESEA	Title IV C ESEA	Title VI B ESEA	Parent Fees
East Central	-	-	-	-	-	-	-	-	-	-	-	-	-
Southwestern	-	-	-	-	-	-	-	-	-	-	-	-	-
Mountain	-	-	-	-	-	-	-	-	-	-	-	-	-
Northeastern	-	-	-	-	-	-	-	-	-	-	-	-	-
Northwest	No	No	No	No	Yes	Yes	Yes	Yes	x	x	x	x	
Pikes Peak	-	-	-	-	-	-	-	-	-	-	-	-	-
San Luis Valley	-	-	-	-	-	-	-	-	-	-	-	-	-
South Central	-	-	-	-	-	-	-	-	-	-	-	-	-
SEMBCS	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	x		x	x	x
Southeastern	-	-	-	-	-	-	-	-	-	-	-	-	-
Weld	No	Yes	Yes	No	Yes	Yes	Yes	Yes				x	

SOURCE: Colorado Early Childhood Study, 1976

APPENDIX C

Child Care Data

(Day Care Homes and Centers)

COLORADO DEPARTMENT OF EDUCATION

FORM B
Day Care Home Zip Code ___________

EARLY CHILDHOOD STUDY QUESTIONNAIRE FOR COMMUNITY DAY CARE HOMES

I. DAY CARE HOME OPERATIONS

1. What days of the week is the Home in operation? Monday __ Tuesday __ Wednesday __ Thursday __ Friday __ Saturday __ Sunday __ Var. 2-8

   a. What time does the Home begin accepting children each day? Var. 9 a.m.

   b. What time does the Home stop operations each day? Var. 10 p.m.

2. Is this Home in operation year round? Yes ( ) No ( ) Var. 11

3. Does this Home accept children who have been professionally* diagnosed as physically handicapped? Yes ( ) No ( ) Var. 12

   a. How many children in this Home at present have been professionally* diagnosed as physically handicapped? Var. 13

   b. How many additional children in this Home do you suspect have a physical handicap? Var. 14

4. Does this Home accept children who have been professionally* diagnosed as mentally handicapped? Yes ( ) No ( ) Var. 15

   a. How many children in this Home at present have been professionally* diagnosed as mentally handicapped? Var. 16

   b. How many additional children in this Home do you suspect have a mental handicap? Var. 17

5. Does this Home accept children who have been professionally* diagnosed as emotionally handicapped? Yes ( ) No ( ) Var. 18

   a. How many children presently in this Home have been professionally* diagnosed as emotionally handicapped? Var. 19

   b. How many additional children in this Home do you suspect have an emotional handicap? Var. 20

6. Do you write down information on the children in your Day Care Home? Yes ( ) No ( ) If "Yes", check below the areas in which you record information. Var. 21

Language Development	Var. 22	Social Development	Var. 24
Physical Development	Var. 23	Intellectual Development	Var. 25

   Other (specify)________________________________

7. Can you obtain information you need on a child that you care for in your Home from the Department of Social Services? Yes ( ) No ( ) Var. 26
   If "No", what kinds of information do you need? ________________

8. Is written information on children in your Home requested by programs children attend after leaving your Day Care Home? Always _____, Sometimes _____, Never _____. Var. 27

*Licensed physician, psychologist, diagnostician or other specialist trained in this area.

	0-24 Mos.	2-5 Yrs.	School Age	No. of Shifts	Total Being Served
9. How many children is this Home currently serving?	Var. 28	Var. 29	Var.30	Var.31	Var. 32
10. How many children in each age category can this Home serve at any one time?	Var. 33	Var. 34	Var.35	Var.36	Total who can be served Var. 37
11. What is the approximate number of hours by age category children participate in this Home each week? (Sun. through Sat.)	Var. 38	Var. 39	Var.40	Var.41	Total hours for all children Var. 42

12. How many children have been refused acceptance into this Home because of a lack of space over the last 2 months? Var.43. If "0", go to question 13.

How many of these children's families did you refer to another program? Var.44

II. EXPERIENCE

13. Do you belong to the Colorado Association of Family Day Care? Yes ( ) No ( ) Var.

14. Does this county have a County Association of Family Day Care? Yes ( ) No ( ) Var.

15. Do you belong to the County Association of Family Day Care? Yes ( ) No ( ) Var.

16. How many consecutive years have you had a Department of Social Services License? Var. 48

17. How many years experience have you had as a Day Care Home mother or father? Var. 49

18. The number of school years you, the Day Care Home operator, have completed.

	High School					College				Graduate Work				No. Hours in Early Childhood Ed. and/or Child. Dev.		Language in addition to English				
	8	9	10	11	12	1	2	3	4	5	6	7	8	Qtr.	Sem.	Nat. A	S	V	O	
Day Care Home Mother																				Var. 50-68
Day Care Home Father																				Var. 69-87

Nat. A = Native American (Indian), S = Spanish, V - Vietnamese,
O = Other (specify) ________________

19. Are training workshops specifically designed for Day Care Home mothers and fathers available to attend in the area? Yes ( ) No ( ) Var. 88

If "No", would you attend if workshops were available in your area?
Yes ( ) No ( ) Var. 89

20. Identify the agency, organization, or college who worked with you this past year. (July 1,1975 to present)

Agency/Organization/College	Content or Training Area	Approximate No. Clock Hours

III. SERVICES AVAILABLE

			Do you know Services* are Available?		Est. No. of Children you Referred this past year	Do you need more Information on Services* from this agency		
	Yes	No	Yes	No		Yes	No	
21. Do you use services* available through the Department of Social Services?								Var. 90-93
22. Do you use services* available through the Division of Mental Health?								Var. 93-97
23. Do you use services* available through U.S. Dept. of Agric.?								Var. 97-100
24. Do you use other support services?								Var. 100-104

* Services - exclusing financial assistance.

IV. PARENTS of children in the Day Care Home

25. Approximately how many of the Day Care children presently come from -
a) Mother-only homes . . . . Var. 105
b) Father-only homes . . . . Var. 106
c) Two-parent homes. . . . . Var. 107
d) Foster homes. . . . . Var. 108
e) Families with two parents plus one or more aunts, uncles, cousins, grandparents living in the home. . . . . Var. 109
f) Other (specify) . . . . Var. 110
g) Information not available (check here) ( ) Var. 111

26. Do parents of the children in your Day Care Home have any influence over the way you operate your Day Care Home? None ___ Some ___ A Lot ___ Var. 112
Explain: ____

27. What are the numbers of families earning
a) under $5,000 Var. 113
b) $5,000 - $10,000 Var. 114
c) $10,000 - $15,000 Var. 115
d) over $15,000 Var. 116
e) information not available (check here) ( ) Var. 117

V. EARLY SCREENING of children in the Day Care Home

28. In your opinion do the physical examinations children have before coming to your Day Care Home identify
a) vision problems? . . . . . Yes ( ) No ( ) Var. 118
b) hearing problems?. . . . . Yes ( ) No ( ) Var. 119
c) speech/language problems?. Yes ( ) No ( ) Var. 120
d) other (specify) ______________________________

29. Do you suggest to all parents that their child in your Day Care Home should have a
a) vision screening?. . . . . Yes ( ) No ( ) Var. 121
b) hearing screening? . . . . Yes ( ) No ( ) Var. 122
c) speech/language screening? . . . . Yes ( ) No ( ) Var. 123
d) other (specify) ______________________________________

VI. Day Care Home Awareness of CHILD ABUSE

30. How many cases of child abuse or neglect have you needed to report this year? (July 1, 1975 to present) ____________ Var. 124

31. Do you know where to report a suspected base of child abuse or neglect?
Yes ( ) No ( ) Var. 125

32. Have you had training in the identification and/or reporting of child abuse or neglect? Yes ( ) No ( ) Var. 126

33. Do you feel a need to have information on children that are known or have been suspected of abuse? Yes ( ) No ( ) Var. 127

34. Are you aware of any legal obligations for you to report suspected cases of child abuse or neglect? Yes ( ) No ( ) Var. 128

VIII. Day Care Home Operation FINANCES

35. Did you make a profit this year? (according to your income tax return for 1975)? Yes ( ) No ( ) Var. 129

36. Total monthly program operating cost (approximately). $ Var. 130

37. During the past month, what percent of the fees or money came from
a) parents? . . . . Var.131 %
b) government?. . . . . . . Var.132 % (note: the sum should equal 100%)
c) other (specify) Var.133 ________ %

38. If you have income eligible children (ADC), what does the county reimburse you on a daily basis? Var. 134 per child

39. Are the parents charged on a sliding fee basis? Yes ( ) No ( ) Var. 135

40. If "Yes" to the preceding question, is this sliding fee based on
a) family income? . . . . Yes ( ) No ( ) Var.136
b) family income and the number of children in the family? . . . . Yes ( ) No ( ) Var.137
c) the number of children from one family who are enrolled in the program? . . . . Yes ( ) No ( ) Var.138
d) other (specify) ______________________________

VIII. ATTITUDES of Day Care Home Operators

41. What do you consider to be the greatest strengths of this Day Care Home?

____
____
____

42. What do you consider to be the greatest needs of this Day Care Home?

____
____
____

43. If an agency was selected to provide leadership and coordination of Early Childhood programs in Colorado, which of the following would you prefer? (rank in priority order - 1 first, 6 last)
__________ State Department of Social Services Var. 139
__________ Executive Branch of State Government (Governor's office) Var.140
__________ State Department of Education Var. 141
__________ Non-government related agency Var. 142
__________ No coordination or leadership agency Var. 143
__________ The way it is now Var. 144

Do you believe that your program improves the children's

		Yes	No	No Opinion	
44.	academic success in elementary school?	___	___	______	Var.145
45.	self-concept?.	___	___	______	Var.146
46.	social adjustment to new situations?	___	___	______	Var.147
47.	parent involvement with child's growth and development	___	___	______	Var.148
48.	attitude toward learning?.	___	___	______	Var.149
49.	creativity?.	___	___	______	Var.150

50. In your opinion, the number of licensed Day Care Homes in your community are
a) enough ( ) Var. 151
b) too few ( )
c) too many ( )
d) don't know ( )

51. In your opinion, the quality of licensed Day Care Homes in your community are
    a) poor ( ) Var. 152
    b) good ( )
    c) excellent ( )
    d) don't know ( )

52. Do you have any comments, criticisms, etc. concerning the questionnaire or this interview? (describe below and on reverse of this page)

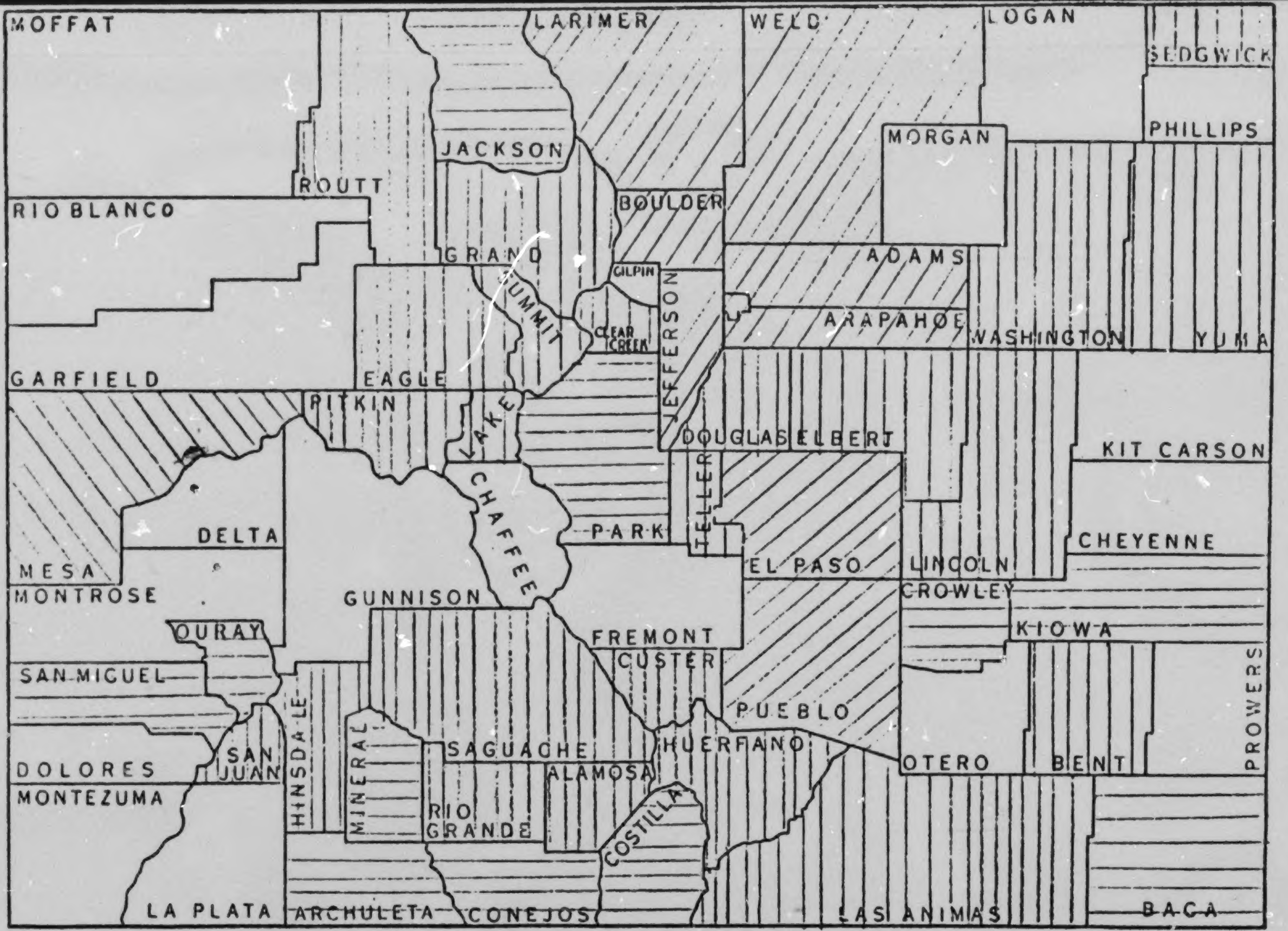
(Pat Herrmann, President of the Colorado Association of Family Day Care was consulted in the preparation of this questionnaire)

DAY CARE HOMES
SELECTED COUNTIES' RESPONSES

Variable	N	State Responses 406 Possible	N	Boulder 47 Possible	N	El Paso 72 Possible	N	Jefferson 57 Possible	N	Mesa 18 Possible	N	Pueblo 27 Possible
11	404	Yes 88%	47	Yes 85%	72	Yes 93%	57	Yes 96	17	Yes 71%	26	Yes 88%
12	387	Yes 49%	45	Yes 31%	72	Yes 68%	57	Yes 39%	16	Yes 50%	21	Yes 48%
13	406	26 children	47	2 children	72	6 children	57	6 children	18	0 children	27	2 children
14	406	10 children	47	0 children	72	2 children	57	1 child	18	0 children	27	0 children
15	386	Yes 39%	44	Yes 30%	72	Yes 49%	57	Yes 33%	16	Yes 38%	22	Yes 36%
16	406	26 children	47	3 children	72	6 children	57	3 children	18	0 children	27	1 child
17	406	9 children	47	1 child	72	1 child	57	3 children	18	0 children	27	2 children
18	386	Yes 45%	44	Yes 32%	72	Yes 58%	57	Yes 45%	15	Yes 53%	22	Yes 45%
19	406	34 children	47	6 children	72	5 children	57	6 children	18	0 children	27	4 children
20	406	36 children	47	7 children	72	8 children	57	4 children	18	0 children	27	2 children
21	395	Yes 46%	45	Yes 38%	67	Yes 40%	56	Yes 61%	17	Yes 24%	27	Yes 59%
22	406	81 homes	47	7 homes	72	17 homes	57	9 homes	18	2 homes	27	8 homes
23	406	97 homes	47	8 homes	72	21 homes	57	12 homes	18	3 homes	27	8 homes
24	406	90 homes	47	9 homes	72	20 homes	57	14 homes	18	3 homes	27	9 homes
24	406	67 homes	47	7 homes	72	16 homes	57	9 homes	18	2 homes	27	10 homes
27	406	3%/10%/87%	44	5%/11%/84%	71	10%/18%/82%	56	2%/7%/91%	14	0%/%/100%	19	0/11 /89%
88	363	Yes 69%	40	Yes 92%	67	Yes 66%	47	Yes 79%	17	Yes 76%	21	Yes 86%
90	362	Yes 43%	40	Yes 45%	70	Yes 27%	52	Yes 44%	16	Yes 44%	24	Yes 67%
91	311	Yes 73%	36	Yes 81%	62	Yes 76%	49	Yes 82%	12	Yes 67%	20	Yes 95%
92	406	264 children	47	49 children	72	56 children	57	41 children	18	14 children	27	19 children
93	298	Yes 38	29	Yes 34%	58	Yes 34%	47	Yes 45%	7	Yes 71%	21	Yes 24%
94	352	Yes 6%	40	Yes 13%	69	Yes 6%	52	Yes 2%	16	Yes 6%	21	Yes 10%
95	294	51%	30	Yes 63%	62	Yes 65%	49	Yes 53%	12	Yes 42%	20	Yes 75%
96	406	41 children	47	1 child	72	2 children	57	0 children	18	13 children	27	1 child
97	273	Yes 40%	25	Yes 40%	58	Yes 36%	44	Yes 52%	6	Yes 83%	18	Yes 22%
101	287	Yes 14%	27	Yes 19%	57	Yes 14%	45	Yes 18%	16	Yes 6%	20	Yes 35%
102	174	Yes 38%	15	Yes 60%	38	Yes 37%	16	Yes 63%	10	Yes 30%	15	Yes 80%
105	406	31%	47	29%	72	35%	57	24%	18	35%	27	37%
106	406	3%	47	5%	72	1%	57	2%	18	4%	27	1%
107	406	64%	47	62%	72	62%	57	71%	18	57%	27	58%
108	406	2%	47	2%	72	3%	57	2%	18	4%	27	0%
109	406	1%	47	1%	72	1%	57	1%	18	1%	27	2%
110	406	1%	47	0%	72	0%	57	0%	18	0%	27	3%
118	349	Yes 44%	40	Yes 32%	67	Yes 52%	53	Yes 42%	15	Yes 60%	25	Yes 44%
119	351	Yes 44%	40	Yes 32%	68	Yes 52%	53	Yes 42%	15	Yes 67%	26	Yes 50%
120	345	Yes 42%	38	Yes 24%	67	Yes 51%	51	Yes 39%	14	Yes 57%	25	Yes 40%
121	345	Yes 33%	40	Yes 17%	64	Yes 44%	50	Yes 34%	14	Yes 29%	23	Yes 39%

Variable	N	State Responses 406 Possible	N	Boulder 47 Possible	N	El Paso 72 Possible	N	Jefferson 57 Possible	N	Mesa 18 Possible	N	Pueblo 27 Possible
122	348	Yes 35%	42	Yes 24%	64	Yes 44%	50	Yes 34%	14	Yes 29%	23	Yes 43%
123	339	Yes 32%	41	Yes 17%	64	Yes 44%	49	Yes 35%	14	Yes 29%	21	Yes 38%
124	406	25 children	47	6 children	74	3 children	57	2 children	18	0	27	0 children
125	398	Yes 79%	40	Yes 63%	69	Yes 94%	57	Yes 29%	18	Yes 67%	25	Yes 76%
126	392	Yes 37%	43	Yes 21%	69	Yes 54%	57	Yes 35%	18	Yes 28%	24	Yes 67%
127	378	Yes 49%	44	Yes 55%	67	Yes 60%	51	Yes 29%	18	Yes 56%	23	Yes 78%
128	396	Yes 73%	45	Yes 42%	70	Yes 90%	55	Yes 76%	18	Yes 61%	25	Yes 96%
129	363	Yes 50%	46	Yes 50%	68	Yes 44%	48	Yes 69%	17	Yes 35%	21	Yes 48%
134	406	250-675	47	$4.00 to $6.00	72	$250-$400	57	$300-$675	18	$100-$350	27	$400
135	363	Yes 38%	43	Yes 42%	67	Yes 48%	52	Yes 44%	17	Yes 29%	20	Yes 35%
151	387	19%/41%/5%/35%	41	22%/44/2%/32%	70	14/29/11/46	57	12/46/5/37	16	0/63%/0/30%	27	22/37/11/30
152	384	5%/35%/9%/51%		2/31/11/55		4/31/11/55	55	2/42/9/47	16	0/50%/0/50%	24	8/33/17/42

SOURCE: Colorado Early Childhood Study
1976


MOFFAT
ROUTT
JACKSON
LARIMER
WELD
LOGAN
SEDGWICK
PHILLIPS
MORGAN
RIO BLANCO
GRAND
BOULDER
GILPIN
SUMMIT
CLEAR CREEK
JEFFERSON
ADAMS
ARAPAHOE
WASHINGTON
YUMA
GARFIELD
EAGLE
PITKIN
LAKE
DOUGLAS
ELBERT
KIT CARSON
CHAFFEE
PARK
TELLER
DELTA
MESA
EL PASO
LINCOLN
CHEYENNE
MONTROSE
GUNNISON
CROWLEY
KIOWA
OURAY
FREMONT
CUSTER
SAN MIGUEL
HINSDALE
MINERAL
SAGUACHE
PUEBLO
HUERFANO
SAN JUAN
DOLORES
ALAMOSA
OTERO
BENT
PROWERS
MONTEZUMA
RIO GRANDE
COSTILLA
LA PLATA
ARCHULETA
CONEJOS
LAS ANIMAS
BACA

NUMBER OF DAY CARE HOMES IN COLORADO
BY COUNTY - 1976

LEGEND:

- 0 ▤
- 1 - 10 ▥
- 11 - 50 ☐
- 51 - 100 ▧
- over 100 ▨

SOURCE:
Colo. Dept. of Social
Services Title XX Div.
5/1/76

NUMBER OF CONSECUTIVE YEARS DAY CARE HOME OPERATORS HAVE HAD DEPARTMENT OF SOCIAL SERVICES LICENSE BY COUNTY

MESA		BOULDER		EL PASO		JEFFERSON		PUEBLO	
# Yrs.	# Operators	# Yrs.	# Operators	# Yrs.	# Operators	# Yrs.	# Operators	# Yrs.	# Operators
1	4	1	6	1	20	1	15	1	9
2	2	2	13	2	23	2	11	2	3
3	5	3	6	3	10	3	7	3	3
4	1	4	6	4	5	4	7	4	2
5	1	5	6	5	3	5	2	5	5
6	1	6	1	6	2	6	2	20	1
9	1	7	1	7	1	7	5	N=23	
N=15		8	1	8	1	8	1		
		10	1	9	2	10	1		
		16	1	10	1	11	1		
		18	1	20	1	13	1		
		N=43		N=69		18	1		
						24	1		
						25	1		
						N=56			

NUMBER OF YEARS EXPERIENCE DAY CARE HOME OPERATORS SURVEYED HAVE HAD AS DAY CARE HOME MOTHER OR FATHER BY COUNTY

MESA		BOULDER		EL PASO		JEFFERSON		PUEBLO	
# Yrs.	# Operators	# Yrs.	# Operators	# Yrs.	# Operators	# Yrs.	# Operators	# Yrs.	# Operators
1	4	1	4	1	14	1	10	1	8
2	1	2	6	2	12	2	7	2	4
3	3	3	6	3	7	3	6	3	2
4	3	4	4	4	7	4	8	4	1
7	1	5	5	5	3	5	4	5	3
13	1	6	5	6	4	6	3	6	1
16	1	7	1	7	2	7	3	11	2
20	1	8	1	8	4	8	4	20	1
N=15		9	1	9	2	10	3	25	1
		10	1	12	2	11	1	N=23	
		15	2	13	1	13	1		
		20	1	15	3	14	1		
		26	1	20	2	15	1		
		30	1	22	2	18	1		
		33	1	25	1	27	1		
		N=40		30	1	28	1		
				37	1	30	1		
				N=68		40	1		
						N=57			

SOURCE:
Colorado Early Childhood
Study, 1976

HOMES SURVEYED REFUSING CHILDREN ACCEPTANCE DUE TO LACK OF SPACE BY COUNTY

MESA

# Chldrn	# Homes
2	3
3	1
5	1
8	2
10	1
12	1
32	1

N=10

BOULDER

# Chldrn	# Homes
1	1
2	4
3	3
4	6
5	3
6	8
10	4
12	1
20	1
30	1

N=32

EL PASO

# Chldrn	# Homes
1	4
2	4
3	6
4	2
5	3
6	3
7	1
8	1
10	2
12	1
15	1
16	1
20	1
25	1

N=31

JEFFERSON

# Chldrn	# Homes
1	1
2	3
3	1
4	3
5	1
6	5
7	3
8	1
10	4
11	1
16	1
17	1
20	2
24	1
60	1

N=29

PUEBLO

# Chldrn	# Homes
1	1
2	2
4	1
5	2
6	2
7	1
30	1

N=10

HOMES SURVEYED REFERRING FAMILIES TO ANOTHER PROGRAM BY COUNTY

MESA

# Fam.'s	# Homes
2	2
3	1
4	1
10	1
12	1
15	1

N=7

BOULDER

# Fam.'s	# Homes
1	1
2	3
3	2
4	5
5	3
6	5
10	4
20	1

N=24

EL PASO

# Fam.'s	# Homes
1	5
2	2
3	2
4	1
5	1
6	2
7	1
10	2
12	1
16	1
20	1
25	1

N=20

JEFFERSON

# Fam.'s	# Homes
1	2
2	2
3	1
4	1
5	1
6	4
7	2
10	4
16	1
17	1
20	2

N=21

PUEBLO

# Fam.'s	# Homes
1	1
2	2
4	2
6	1
7	1
15	1

N=8

SOURCE:
Colorado Early Childhood
Study, 1976

NUMBER OF YEARS DAY CARE HOME OPERATORS SURVEYED

HAVE CONSECUTIVELY HAD DEPARTMENT OF SOCIAL SERVICES LICENSE

No. of Years	No. Operators
1	100
2	85
3	55
4	35
5	30
6	24
7	9
8	3
9	8
10	7
11	3
12	2
13	1
15	2
16	1
18	2
20	6
24	1
25	1

N=375

HAVE HAD EXPERIENCE AS A DAY CARE HOME MOTHER OR FATHER

No. of Years	No. Operators
1	72
2	56
3	45
4	34
5	32
6	27
7	9
8	14
9	8
10	8
11	7
12	8
13	3
14	1
15	10
16	1
18	1
19	1
20	13
22	4
23	2
25	4
26	1
27	1
28	1
30	3
33	1
35	3
37	1
40	1
45	2

N=348

SOURCE:
Colorado Early Childhood
Study, 1976

C-13

NUMBER OF CHILDREN IN DAY CARE HOMES SURVEYED

	BEING SERVED		COULD BE SERVED	
	No. Children	No. Homes	No. Children	No. Homes
0 - 24 Months	1	121	1	34
	2	106	2	189
	3	32	3	6
	4	9	4	5
	5	1	5	4
	7	1	6	3
	8	1	7	1
	N=271		N=242	
2 - 5 Years	1	83	1	11
	2	104	2	44
	3	80	3	62
	4	49	4	95
	5	21	5	22
	6	12	6	16
			12	1
	N=349		N=251	
School Age	1	84	1	12
	2	52	2	34
	3	17	3	13
	4	8	4	4
	5	4	5	3
	6	5	6	8
	N=170		N= 74	
No. of Shifts	1	93	1	29
	2	51	2	14
	3	19	3	9
	4	3	5	5
	5	2	6	6
	N=168		N= 54	

SOURCE:
Colorado Early Childhood
Study, 1976

Number in Day Care Homes Surveyed of

CHILDREN REFUSED DUE TO LACK OF SPACE		FAMILIES REFERRED TO ANOTHER PROGRAM	
No. of Children	No. of Homes	No. of Families	No. of Homes
1	10	1	13
2	24	2	16
3	20	3	19
4	31	4	19
5	22	5	14
6	27	6	18
7	8	7	5
8	6	8	2
9	5	9	3
10	24	10	18
11	2	11	1
12	6	12	2
15	5	15	4
16	2	16	2
17	1	17	1
19	2	19	2
20	5	20	4
24	2	24	1
25	2	25	1
30	2		
32	1		

N=207

N=145

SOURCE:
Colorado Early Childhood
Study, 1976

TIME DAY CARE HOMES SURVEYED

BEGIN ACCEPTING CHILDREN EACH DAY

Time - A.M.	No. of Homes
4:30	2
5:00	1
5:30	3
5:45	4
6:00	33
6:15	7
6:20	1
6:30	71
6:35	1
6:45	11
7:00	107
7:10	1
7:15	8
7:20	1
7:30	51
7:45	5
8:00	72
8:15	1
8:30	5
9:00	2
12:00	2

N=389

STOP OPERATIONS EACH DAY

Time - P.M.	No. of Homes
2:00	2
3:00	1
3:45	1
4:00	6
4:30	12
4:35	1
4:45	1
5:00	80
5:15	2
5:30	86
5:45	4
6:00	120
6:10	1
6:15	6
6:30	16
7:00	8
7:30	4
8:00	3
9:30	2
10:00	5
10:30	2
11:00	2
11:15	1
11:30	4
11:59	4
12:00	5

N=379

SOURCE: Colorado Early Childhood
Study, 1976

C-16
FORM A

COLORADO DEPARTMENT OF EDUCATION

PLANNING AND EVALUATION UNIT

EARLY CHILDHOOD STUDY

I. GENERAL INFORMATION

1. Type of State Department of Social Services License

Day Care Center . Var.3 . ( )
Infant Nursery. . Var.4 . ( )
Toddler Nursery . Var.5 . ( )
Pre-School. . . . Var.6 . ( )
Kindergarten. . . Var.7 . ( )

If Non-State Department of Social Services licensed, check one of the following:

Head Start. . . . ( )
Public School . . ( )

2. Most recently issued State Department of Social Services License

____
Day / Month / Year

3. In what type of building is the program housed?

A. Church . . . . ( ) Var.8
B. Private Home . . . . ( ) Var.9
C. Public School. . . . . ( ) Var.10
D. Community Center . . . . ( ) Var.11
E. Building for Child Day Care. . . . . . ( ) Var.12
F. Other (specify)______________________.

4. Approximate total floor space used by the Program Var.13 square feet.
5. Approximate floor space used for classroom Var.14 square feet.
6. Approximate outdoor space used by the Program Var.15 square feet.
7. Approximate age of building in which the Program is housed.__________.
8. This child care program is a: A. Profit organization. . . ( ) Var.16
B. Non-Profit organization ( ) Var.17
9. The month and year this program first began operation Var.18 .

II. ENROLLMENT

10.	How many children is this Program currently serving?	0-6 Weeks	6 Wks. 18 Mos.	18 Mos. 2 Yrs.	3 Yr. Olds	4 Yr. Olds	5 Yr. Olds	Sch. Age	Total Being Served Var.19-26
		___	___	___	___	___	___	___	___
11.	How many children in each age category can this Program serve at any one time?	0-6 Weeks	6 Wks. 18 Mos.	18 Mos. 2 Yrs.	3 - 5 Years combined			Sch. Age	Total who can be serve Var.27-32
		___	___	___	___			___	___
12.	What is the approximate no. of hours by age category children participate in this Program each week? (i.e., Sun. thru Sat.)	0-6 Weeks	6 Wks. 18 Mos.	18 Mos. 2 Yrs.	3 Yr. Olds	4 Yr. Olds	5 Yr. Olds	Sch. Age	Total Hours for all children. Var.33-40
		___	___	___	___	___	___	___	___

III. GENERAL OPERATIONS

13. How many children have been refused acceptance into this Program because of lack of space, over the last 2 months? Var.41 If "0", to to question 14.

    A. How many of these families did you refer to another Program? Var.42

14. Is transportation for the children available through the Program? Yes ( ) No ( ) Var.43

15. Does this program accept children who have been professionally diagnosed as physically handicapped? Yes ( ) No ( ) If "No", go to Part B. Var.44

    A. How many children in this program have been professionally diagnosed as physically handicapped? Var. 45
    B. How many additional children in this program do you suspect have a physical handicap? Var. 46

16. Does this program accept children who have been professionally diagnosed as mentally handicapped? Yes ( ) No ( ) If "No", go to Part B. Var. 47

    A. How many children in this program have been professionally diagnosed as mentally handicapped? Var. 48
    B. How many additional children in this program do you suspect have an emotional handicap? Var. 49

17. Does this program accept children who have been professionally diagnosed as emotionally handicapped? Yes ( ) No ( ) If "No", go to Part B. Var. 50

    A. How many children in this program have been professionally diagnosed as emotionally handicapped? Var. 51
    B. How many additional children in this program do you suspect have an emotional handicap? Var. 52

18. How many children speak a language in addition to English?

    Native American (Indian) . . Var. 53
    Spanish. . . . . Var. 54
    Vietnamese . . . . Var. 55
    Other (specify) ______ Var. 56

19. How many children speak no English?

    Native American (Indian) . . Var. 57
    Spanish. . . . . Var. 58
    Vietnamese . . . . Var. 59
    Other (specify) ______ Var. 60

20. What days of the week is the program in operation?

Monday ___ Tuesday ___ Wednesday ___ Thursday ___
Friday ___ Saturday ___ Sunday ___

A. What time does the program begin accepting children each day? Var. 61 a.m.

B. What time does the program stop operations each day? Var. 62 p.m.

21. Is this program in operation year round? Yes ( ) No ( ) Var. 63
If "No", answer parts A and B of this question.

A. What month and day does this program begin operations each year? Var. 64
Day / Month

B. What month and day does this program stop operations each year? Var. 65
Day / Month

IV. EMPLOYEES

	Position	Number of people currently in this position	Number of employees that are Male/Female		Estimated Number of staff this program has employed in last 5 yrs. by position	Average number of hrs. worked each week by position	Total No. of months employees have been employed on this prgrm. by position	* Language in addition to English				Number of paid staff that have one of the following degrees							Paid staff with degrees in Early Childhood education or child development	No. employees by position that have a public school teaching certificate	Add'l educ'al require's (Beyond Soc.Svcs. require's)	
								Nat.A	S	V	O	HS	GED	AA	CDA	BA BS	MA MS	PhD				
22.	Director	Var. 66-89																			Yes	No
23.	Sub.-Act. Director	Var. 86-105																			Yes	No
24.	Educ. Coord.	Var. 106-125																			Yes	No
25.	Group Leader/ Teacher	Var. 126-145																			Yes	No
26.	Teacher Aide/ Staff Aide	Var. 146-165																			Yes	No
27.	Coord. Spec. Needs	Var. 166			Var. 167																Yes	No
28.	Nurse	Var. 168			Var. 169																Yes	No
29.	Nutritionist	Var. 170			Var. 171																Yes	No
30.	Psychologist	Var. 172			Var. 173																Yes	No
31.	Social Worker	Var. 174			Var. 175																Yes	No
32.	Speech/ Lang. Pathologist	Var. 176			Var. 177																Yes	No
33.	Bookkeeper																				Yes	No
34.	Cook	Var. 178			Var. 179																Yes	No
35.	Other (specify) ______																				Yes	No

* Nat.A = Native American; S = Spanish; V = Vietnamese; O = Other (specify) ______________________

- 3 -

C-19

IV. (continued)

		Average Number of hours worked each week	**Language in addition to English				Number of persons in this pos.	Number of people Male/Female	
			NA	S	V	Other			
37.	Stu.Teach. or Intern	Var. 180					Var. 181		
38.	Work Study Students	Var. 182					Var. 183		
39.	Parent Volunteers	Var. 184-189							

** Nat. A = Native American; S = Spanish; V = Vietnamese; Other

40. The number of school years completed by paid employees?

High School							College				Graduate Work			
6	7	8	9	10	11	12	1	2	3	4	5	6	7	8

Var. 190-204

V. PROGRAM

To what degree are the goals of this program determined by the following? (Place an X above the appropriate number.)

41. Administration or Person in charge

[ ] 1 2 3 4 5 Var. 205-210
6 Low High
No Input Input
Input

42. Teaching Staff

[ ] 1 2 3 4 5 Var. 211-216
6 Low High
No Input Input
Input

43. A Commercial Curriculum Package

[ ] 1 2 3 4 5 Var. 217-222
6 Low High
No Input Input
Input

44. Parents

[ ]
6 1 2 3 4 5 Var. 223-228
No Low High
Input Input Input

45. Public School

[ ] 6 No Input — 1 Low Input — 2 — 3 — 4 — 5 High Input — Var. 229-234

46. Center Board or Community Advisory Board

[ ] 6 No Input — 1 Low Input — 2 — 3 — 4 — 5 High Input — Var. 235-240

47. Other (Name)______________________________

[ ] 6 No Input — 1 Low Input — 2 — 3 — 4 — 5 High Input — Var. 241-246

48. How many staff meetings are held each year (approximately)? ~~Var. 247~~

49. Identify speakers or consultants who worked with the staff this program year:

Speaker or Consultant was from what Agency/College	Staff Training Area	Approximate No. Clock Hrs. This Program Year
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

50. In which of the following areas does this program collect information on the children?

	Physical Development	Social or Behavioral Development	Language Development	Special Needs	Other (specify)
Yes					
No					

Var. 248-252

51. Are records obtained from a program a child has previously attended?

Physical Development			Social or Behavioral Development			Language Development			Special Needs			Other(specify)
* A	S	N	A	S	N	A	S	N	A	S	N	
												Var. 253-257

52. As a rule or policy are children's records passed to the next program the child is enrolled in?

* A	S	N	A	S	N	A	S	N	A	S	N	
												Var. 258-262

* A = always, S = sometimes, N = never.

53. Has this program established a procedure to show the strong and weak parts of the program? Yes [ ] No [ ]. If "Yes", place an X above the appropriate number. If "No", go on to question 58. Var. 263

To what extent are the following involved in the evaluation?

54. Supervisory Staff

[ ] 6 No Input — 1 Low Input — 2 — 3 — 4 — 5 High Input — Var. 264-269

55. Self Evaluation

[ ] 6 No Input — 1 Low Input — 2 — 3 — 4 — 5 High Input — Var. 270-275

56. Outside Evaluation

[ ] 6 No Input — 1 Low Input — 2 — 3 — 4 — 5 High Input — Var. 276-281

57. Parent Evaluation of Program

[ ] 6 No Input — 1 Low Input — 2 — 3 — 4 — 5 High Input — Var. 282-287

Supporting Services	Yes	No	Do you know services are available? Yes	No	Est. No. of children you referred this past year.	Do you need more information on services? Yes	No
58. Do you use services available through the Department of Social Services?	Var. 288 ___	___	-291 ___	___	___	___	___
59. Do you use services available through the Division of Mental Health?	Var. 292 ___	___	-295 ___	___	___	___	___
60. Do you use services available through the Department of Public Health?	Var. 296 ___	___	-299 ___	___	___	___	___
61. Do you use services available through United States Department of Agriculture?	Var. 300 ___	___	-302 ___	___		___	___
62. Do you use other supporting Service agencies? Specify: ___	Var. 303				Var. 304 ___		

VI. PARENTS

63. Approximately how many of the children in this program come from:

A. Mother-only home. Var. 305
B. Father-only home. Var. 306
C. Two-parent home . . . . Var. 307
D. Foster home . . . . Var. 308
E. Families with one or two parents plus aunts, uncles, cousins, grandparents living in the home. . . . . Var. 309
F. Other. (Specify) ______________________ Var. 310
G. Information not available (check here) ________

64. To your knowledge, what is the number of parents or guardians in the following occupational areas?

How many are:	Mother	Father
A. In job training	Var.311	Var. 312
B. In school	Var.313	Var. 314
C. At home	Var.315	Var. 316
D. Working	Var.317	Var. 318
E. Unemployed.	Var.319	Var. 320
F. Other (specify) ______________________	Var.321	Var. 322

G. Information not available (check here) ________

65. How many clock hours per month are parents involved -

A. as classroom volunteers? . . . . Var. 323
B. in individual conferences with teachers?. . . . . Var. 324
C. in group parent meetings? . . . . Var. 325
D. as representatives on your board? . . . . Var. 326
E. in parent education?. . . . . Var. 327
F. in workshops designed for the teaching staff? . . Var. 328
G. observing children? . . . . Var. 329
H. in directly developing the program? . . . . Var. 330
I. Other (specify).______________________________ Var. 331

66. Approximately what percent of the families yearly income is -

A. under $5,000? Var. 332 %
B. $5,000 - $10,000? Var. 333 %
C. $10,000 - $15,000? Var. 334 %
D. over $15,000? Var. 335 %
E. Do not know Var. 336 %

Note: The sum of A - E should equal 100%.

VII. EARLY SCREENING

67. Does this program require or provide for the following?

A. vision screening Yes ( ) No ( ) Var. 337
B. hearing screening Yes ( ) No ( ) Var. 338
C. speech and language screening Yes ( ) No ( ) Var. 339

VIII. CHILD ABUSE

68. Does your program have any written policy (procedure or regulation regarding the abuse or neglect of children? . . . . .Yes ( ) No ( ) Var.340

69. When was this policy, procedure, or regulation adopted? . . . . .Year____________

70. Does your organization have any adopted policy, procedure, or regulation on how teachers or administrators verify suspected cases of child abuse or neglect?. .Yes ( ) No ( ) Var.341

71. Does your organization have any adopted policy, procedure, or regulation on how teachers or administrators report suspected cases of child abuse or neglect?. . . . . .Yes ( ) No ( ) Var.342

72. Has your program staff sponsored or had any type of training on child abuse or neglect? . . . . . . .Yes ( ) No ( ) Var.343

73. Are you aware of any legal obligations for program operators to report suspected cases of child abuse or neglect?. . . . . .Yes ( ) No ( ) Var.344

IX. FINANCIAL

74. What is the total monthly operating cost per child, by age category? (approximately)

0-6 Mo.	6 wk.-18 mo.	1 1/2 - 2 yrs.	3 yrs.	4 yrs.	5 yrs.	school age	Var.
$	$	$	$	$	$	$	345-35

75. Total monthly program operating cost (approximately): $ Var. 352

76. What is the average monthly cost for the following categories: (approximate)

A. Rent . . . . $ Var. 353
B. Mortgage . . . . $ Var. 354
C. Utilities. . . . . $ Var. 355
D. Telephone. . . . . $ Var. 356
E. Food . . . . $ Var. 357
F. Insurance. . . . . $ Var. 358
G. Transportation . . . . $ Var. 359
H. Salaries . . . . $ Var. 360
I. Consumable supplies. . . . . $ Var. 361
J. Equipment purchases. . . . . $ Var. 362
K. Value of donated goods and services. . . . . $ Var. 363
(i.e., inkind contributions)

77. What percent of the operation budget money comes from - Percent

A. parents? . . . . Var. 364
B. churches?. . . . . Var. 365
C. industry?. . . . . Var. 366
D. government?. Var. 367
E. other? . . . . Var. 368

78. Are the parents charged on a sliding fee basis? Yes ( ) No ( ) Var. 369

79. If so, is this sliding fee based on -

A. family income?. . . . . Yes ( ) No ( ) Var. 370
B. family income and the number of children in the family? . . . . Yes ( ) No ( ) Var. 371
C. the number of children from one family who are enrolled in the program?. . . . . Yes ( ) No ( ) Var. 372
D. other (specify)? ______________________________ Var. 373

80. Benefits other than wages (i.e., health, retirement, vacations, sick leave, etc.)

Director . . . . ______________________________
Educational Coordinator. . . . ______________________________
Teacher/Group Leader . . . . . ______________________________
Teacher Aide or Staff Aide . . ______________________________
Nurse. . . . . ______________________________
Nutritionist . . . . ______________________________
Psychologist . . . . ______________________________
Social Worker. . . . . ______________________________
Speech and Language Pathologist ______________________________
Cook . . . . ______________________________
Bus Driver . . . . ______________________________
Other (specify). . . . . ______________________________

IX. ATTITUDINAL INFORMATION

Below is a list of potential needs or areas of improvement for a typical child care program. If resources become available for you to use in improving your program, how would you allocate these resources? In other words, what priority would you assign to improve each of the following program components:

		Priority for Improvement					
		High			Low	None	
81.	Money to operate	1	2	3	4	5	Var.374
82.	Quantity of equipment and materials .	1	2	3	4	5	Var.375
83.	Quality of equipment and materials	1	2	3	4	5	Var.376
84.	General facility condition	1	2	3	4	5	Var.377
85.	Health care	1	2	3	4	5	Var.378
86.	Food preparation	1	2	3	4	5	Var.379
87.	Staff inservice	1	2	3	4	5	Var.380
88.	Consultive assistance	1	2	3	4	5	Var.381
89.	Program evaluation	1	2	3	4	5	Var.382
90.	Indoor space	1	2	3	4	5	Var.383
91.	Outdoor space	1	2	3	4	5	Var.384
92.	Qualified staff	1	2	3	4	5	Var.385
93.	Program administration	1	2	3	4	5	Var.386
94.	Finances to meet federal and local requirements	1	2	3	4	5	Var.387

95. What do you consider to be the three greatest strengths of this program?
1. ____
2. ____
3. ____

96. What do you consider to be the three greatest needs of this program?
1. ____
2. ____
3. ____

Do you believe that a relationship can be shown between your program and:

		Yes	No	No Opinion	
97.	improved academic success in elementary school for your graduates.	___	___	______	Var.388
98.	good student self-concept	___	___	______	Var.389
99.	better social adjustment to new situations.	___	___	______	Var.390
100.	decrease in traditional discipline problems in school.	___	___	______	Var.391
101.	improved parent involvement with child's growth and development	___	___	______	Var.392
102.	child's improved attitude toward learning	___	___	______	Var.393
103.	child's increased creativity.	___	___	______	Var.394

104. In your opinion, the number of nearby programs similar to yours are:
A. Enough ( ), B. Too few ( ), C. Too many ( ). Var. 395

105. In your opinion, the quality of early childhood programs in your community is:
A. Low ( ), B. Adequate ( ), C. High Quality ( ). Var. 396

106. If an agency was selected to provide leadership and coordination of Early Childhood Programs in Colorado, which of the following would you prefer? (rank in priority order, 1-first, 5 last

Var.397 State Department of Social Services
Var.398 Executive Branch of State Government (Governor's office)
Var.399 State Department of Education
Var.400 Non-government related agency
Var.401 No coordination or leadership agency

107. Do you have any comment, criticisms, etc. concerning the questionnaire or this interview? (Describe on the back of this page.)

SOURCE: Colorado Early
Childhood Study, 1976

CENTER OPERATION

Variable	N	State Responses 88 Possible	Variable	N	State Responses 88 Possible	Variable	N	State Responses 88 Possible
26	81	3,832 children	235	88	39%	298	88	355 children
43	88	Yes 25%	236	88	23%	299	65	Yes 48%
44	84	Yes 63%	237	88	6%	300	80	Yes 34%
45	88	31cent./66children	238	88	10%	301	65	Yes 54%
46	88	13cent./51children	239	88	16%	302	64	Yes 59%
47	84	Yes 52%	240	88	7%	305	593	23%
48	88	20cent./66children	247	58	Ave. 28	306	54	2%
49	88	10cent./21children	248	80	Yes 98%	307	1950	74%
50	84	Yes 68%	249	81	Yes 98%	308	11	.4%
51	88	22cent./37children	250	77	Yes 95%	309	32	1%
52	88	22cent./71children	251	73	Yes 99%	311	68	4%
54	88	30cent./98children	253	72	18%/31%/51%	312	4	.3%
55	88	3cent./6children	254	68	13%/31%/56%	313	104	6%
56	88	14cent./25children	255	66	15%/30%/55%	314	59	5%
58	88	5cent./52children	256	64	22%/28%/50%	315	760	41%
59	88	1cent./2children	258	78	17%/47%/36%	316	74	6%
60	88	5cent./6children	259	75	15%/47%/39%	317	862	46%
63	88	Yes 56%	260	73	15%/49%/36%	318	151	88%
68	80	Female 85%	261	75	20%/45%/35%	319	66	4%
69	88	113 five years	263	73	Yes 59%	320	19	2%
88	88	Females 94%	264	58	3%	321	0	0%
89	88	1 five years	265		5%	322	1	.1%
128	88	Females 94%	266		0%	332		
129	88	3 five years	267		5%	333		
205	88	1%	268		21%	334		
206	88	6%	269		66%	335		
207	88	1%	270	38	0%	336		
208	88	8%	271	38	3%	337	85	Yes 69%
209	88	20%	272	38	2%	338	85	Yes 67%
210	88	63%	273	38	10%	339	87	Yes 62%
211	88	4%	274	38	20%	340	82	Yes 27%
212	88	1%	275	38	64%	341	78	Yes 27%
213	88	0%	276	57	18%	342	79	Yes 44%
214	88	25%	277	57	25%	343	77	Yes 34%
215	88	27%	278	57	12%	344	80	Yes 80%
216	88	43%	279	57	25%	345	1	$240
217	88	43%	280	57	7%	346	2	$130-$240
218	88	33%	281	57	14%	347	3	$60-$240
219	68	5%	282	60	7%	364		
220	88	11%	283	60	8%	365		
221	88	5%	284	60	5%	366		
222	88	3%	285	60	20%	367		
223	88	6%	286	60	18%	368		
224	88	17%	287	60	42%	369	80	Yes 26%
225	88	19%	288	81	Yes 73%	370	14	Yes 64%
226	88	38%	289	72	Yes 85%	371	16	Yes 69%
227	88	9%	290	88	142 children	372	16	Yes 88%
228	88	11%	291	68	Yes 53%	388	77	90%/3%/7%
229	88	41%	292	77	Yes 39%	389	78	94%/3%/3%
230	88	26%	293	69	Yes 74%	390	77	96%/1%/3%
231	88	12%	294	88	58 children	391	77	72%/9%/19%
232	88	12%	295	66	Yes 58%	392	77	83%/10%/7%
233	88	5%	296	78	Yes 72%	323	77	90%/5%/5%
234	88	5%	297	66	Yes 91%	394	78	91%/4%/5%
						395	76	45%/51%/4%
						396	75	25%/44%/31%

CENTER OPERATION
PRIORITY FOR IMPROVEMENT

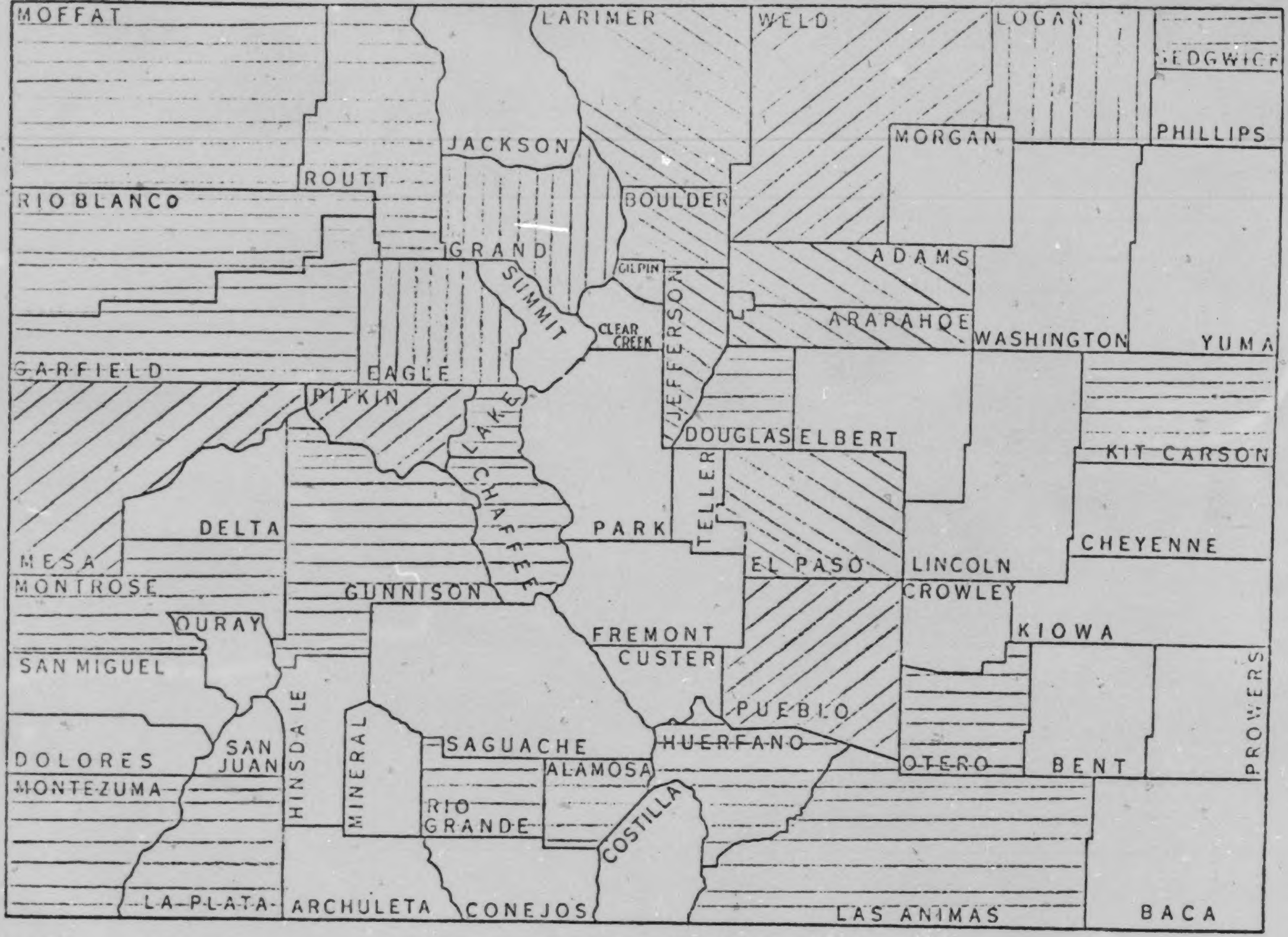
N	Place	High 1		2		3		4		Low 5	
65	1	41	63%	10	15%	7	11%	5	8%	2	3%
69	7	23	33%	15	22%	21	30%	8	12%	2	3%
71	2	38	54%	16	23%	12	17%	2	3%	3	4%
66	6	24	36%	13	20%	12	18%	10	15%	7	11%
63	9	19	30%	11	18%	15	24%	8	13%	10	16%
62	14	14	23%	4	6%	14	23%	19	31%	11	18%
66	4	28	42%	18	27%	8	12%	5	8%	7	11%
62	8	20	32%	17	27%	11	18%	6	10%	8	13%
63	10	19	30%	10	16%	15	24%	12	20%	7	11%
66	11	18	27%	13	20%	14	21%	8	12%	13	20%
65	12	16	25%	13	20%	11	17%	11	17%	14	22%
66	3	30	46%	9	14%	11	17%	7	11%	9	14%
62	13	15	24%	10	16%	17	27%	9	15%	11	18%
62	5	26	42%	6	10%	9	15%	9	15%	12	20%

Var. 374-387

State Responses

Variable	N	1	2	3	4	5
397	66	28	20	7	5	6
398	59	2	10	11	30	36
399	65	17	15	19	6	14
400	70	28	13	15	12	2
401	70	3	4	7	7	39

SOURCE: Colorado Early Childhood Study, 1976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WASHINGTON
YUMA
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DOUGLAS
ELBERT
KIT CARSON
CHAFFEE
TELLER
DELTA
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MESA
EL PASO
LINCOLN
CHEYENNE
MONTROSE
GUNNISON
CROWLEY
OURAY
FREMONT
KIOWA
CUSTER
SAN MIGUEL
PUEBLO
PROWERS
HINSDALE
MINERAL
SAGUACHE
SAN JUAN
DOLORES
HUERFANO
OTERO
BENT
MONTEZUMA
ALAMOSA
RIO GRANDE
COSTILLA
LA PLATA
ARCHULETA
CONEJOS
LAS ANIMAS
BACA

NUMBER OF DAY CARE CENTERS IN COLORADO
BY COUNTY - 1976

LEGEND:
0 ▭
1 - 2 ▤
3 - 5 ▥
6 - 10 ▨
11 or over ▧

SOURCE:
Colo. Dept. of Social
Services Title XX Div.
5/1/76

Number in Center Operations Surveyed of

CHILDREN REFUSED DUE TO LACK OF SPACE		FAMILIES REFERRED TO ANOTHER PROGRAM	
No. of Children	No. of Centers	No. of Families	No. of Centers
1	2	1	1
2	2	2	5
3	1	3	1
5	4	5	3
6	5	6	3
7	1	7	1
10	6	10	4
12	2	12	1
15	1	32	1
16	1		
20	1		
32	1		

N=17

N=20

TOTAL NUMBER OF CHILDREN BEING SERVED BY CENTERS SURVEYED

No. of Children	No. of Centers	No. of Children	No. of Centers	No. of Children	No. of Centers
4	1	30	2	57	1
5	1	31	1	58	1
8	1	32	3	60	1
10	1	33	1	62	1
12	1	34	2	64	1
14	1	36	3	65	2
16	1	37	1	67	1
17	2	39	2	69	1
18	3	40	2	70	1
19	2	41	2	74	1
20	5	42	1	78	1
21	3	44	1	83	1
24	4	45	3	111	1
25	2	46	1	184	1
27	2	47	1	200	1
28	2	50	1	250	1
29	2	55	1	395	1
		56	1		

SOURCE:
Colorado Early Childhood Study, 1976

TIME CENTERS SURVEYED

BEGIN ACCEPTING CHILDREN EACH DAY

Time - A.M.	No. of Centers
6:00	2
6:30	12
6:45	3
7:00	16
7:15	1
7:30	8
7:45	2
8:00	2
8:15	1
8:30	7
8:45	6
9:00	22
9:15	1
9:30	4

N=87

STOP OPERATIONS EACH DAY

Time	No. of Centers
11:15 a.m.	1
11:30 a.m.	9
12:00 Noon	9
12:15 p.m.	1
12:30 p.m.	2
2:00 p.m.	1
2:30 p.m.	1
2:45 p.m.	1
3:00 p.m.	6
3:30 p.m.	8
4:00 p.m.	2
4:30 p.m.	1
5:00 p.m.	3
5:15 p.m.	1
5:30 p.m.	18
5:45 p.m.	1
6:00 p.m.	19
7:00 p.m.	1

SOURCE: Colorado Early Childhood Study, 1976

APPENDIX D

Head Start Program Data

HEAD START PROGRAM PROFILE

1976-76

County Program Administration is Located	Cities where Head Start Programs Operate	Months of Year Program is in operation			Total Number of Classrooms	Number of Classrooms Used in AM & PM by HS	Number of Classrooms Used With Children Per Day				
		From	To	Summer			M	T	W	Th	Fri
ADAMS	Brighton Commerce City Thornton Westminster	Oct	May		16		16	16	16	16	
ALAMOSA	Alamosa	Sept.	May	X	5		5	5	5	5	5
ARAPAHOE	Sheridan	Sept.	May		4		4	4	4	4	4
BOULDER	Longmont Boulder	Oct.	May		3		3	3	3	3	3
	Lafayette	Oct.	May		4		4	4	4	4	4
CONEJOS	Conejos Sanford San Luis	Sept.	May		8		8	8	8	8	
DELTA	Delta	-	-	X	4		4	4	4	4	4
DENVER	Denver	Sept.	May		41	30	71	71	71	71	69
EL PASO	Colo. Springs Security	Sept.	May		11						
FREMONT	Canon City	Sept.	May		3		3	3	3	3	
LA PLATA	Cortez Durango Delores Mancos Pagosa Springs Red Mesa	Oct.	May		9	6	15	15	15	15	
LARIMER	Loveland	Oct.	May		3		3	3	3	3	3
	Fort Collins	Oct.	May		7		7	7	7	7	7
LAS ANIMAS	Aguilar Trinidad Walsenburg	Aug.	April		8		8	8	8	8	8
LOGAN	Sterling				4						
MESA	Grand Jct.Area	Sept.	May		7		7	7	7	7	
MONTEZUMA	Use. Mtn. Res.	Oct.	June		2	1	2	2	2	2	
MORGAN	Fort Morgan	Sept.	April		3		3	3	3	3	3
OTERO	Las Animas La Junta Manzanola Ordway Rocky Ford	Sept.	June		13	11	24	24	24	24	
PUEBLO	Pueblo	Sept.	May	X	9	9		9	9	9	9
RIO GRANDE	Monte Vista	Oct.	May		3	3	3	3	3	3	
	Del Norte	Sept.	May		3		3	3	3	3	
SAGUACHE	Center	Sept.	May		3		3	3	3	3	
WELD	Frederick Greeley Kersey Platteville Windsor	Oct.	May		8	4	12	12	12	12	12
COLORADO MIGRANT COUNCIL	Statewide			X only	30	30	30	30	30	30	30

SOURCE: Health, Education and Welfare, Office of Child Development, Federal Region VIII
Denver, Colorado
State of Colorado, Office of Human Resources, Denver, Colorado

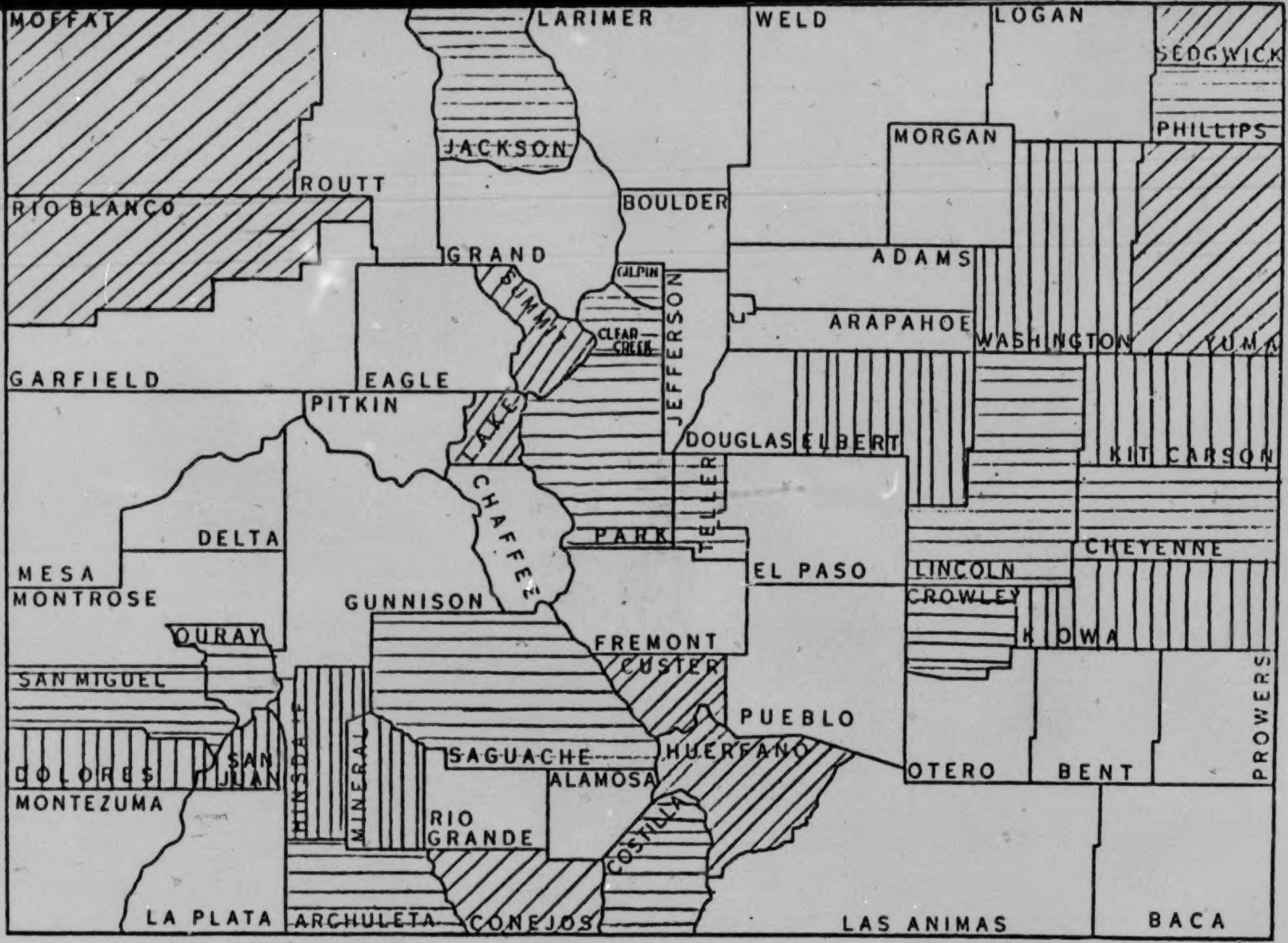
* Denver Public Schools contributes funds to program.

HEAD START PROGRAM PROFILE (continued)
1975-76

County Program Adminsitration is Located	Cities Where Head Start Programs Operate	Classroom Staffing Patterns					Total No. Children Program Can Serve	Estimated Children Enrolled in Program with Special Needs	Total No. Hours Child Attends the Prgm.per day	Cost per Child pe Program
		Teacher		Aides						
		Full Time	Part Time	Full Time	Part Time					
ADAMS	Brighton Commerce City Thornton Westminster	16		16			320	32	3 1/2	$1136
ALAMOSA	Alamosa	5		5			85	8	4	1498
ARAPAHOE	Sheridan		4		4		60	6	4	1446
BOULDER	Longmont		3		3		45	4	3 1/2	1345
	Boulder							8	4	1411
	Lafayette		4		4		85			
CONEJOS	Capulin Conejos Lajara San Luis		10		9		150	15	4	1228
DELTA	Delta	4	0	4	0		60	6	3 1/2	328
DENVER	Denver		100		100		1580	158	3	1142*
EL PASO	Colo. Springs						220	22		1085
	Security						55	5		
FREMONT	Canon City		3		3				4	1229
LA PLATA	Cortez Durango Delores Mancos Pagosa Springs Red Mesa	6	10	0	7		160	32	3 1/2	1354
LARIMER	Loveland		3		3		51	5	3 1/2	1132
	Fort Collins		3		3		50	5	3 1/2	1154
LAS ANIMAS	Aguilar Trinidad Walsenburg		8		8		150	15	4	1188
LOGAN	Sterling						60	6		280
MESA	Grand Jct. area		7		7		90	9	4	1412
MONTEZUMA	Ute Mtn. Res.		3		3		36	3	3 1/2	1266
MORGAN	Fort Morgan		3		3		54	5	3 1/2	1146
OTERO	Las Animas La Junta Manzanola Ordway RockyFord	17		8	1		200	20	3	1211
PUEBLO	Pueblo		9		18		310	31	3	1148
RIO GRANDE	Monte Vista		3		3		45	4	4	1215
	Del Norte		3		3		45	4	4	1296
SAGUACHE	Center		3		3		45	4	4	1498
WELD	Frederick Greeley Kersey Platteville Windsor	12		12			210	21	3 1/2	1333
COLORADO MIGRANT COUNCIL	See page 24						899			394

APPENDIX E

Health Care Data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GILPIN
SUMMIT
CLEAR CREEK
JEFFERSON
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DOUGLAS
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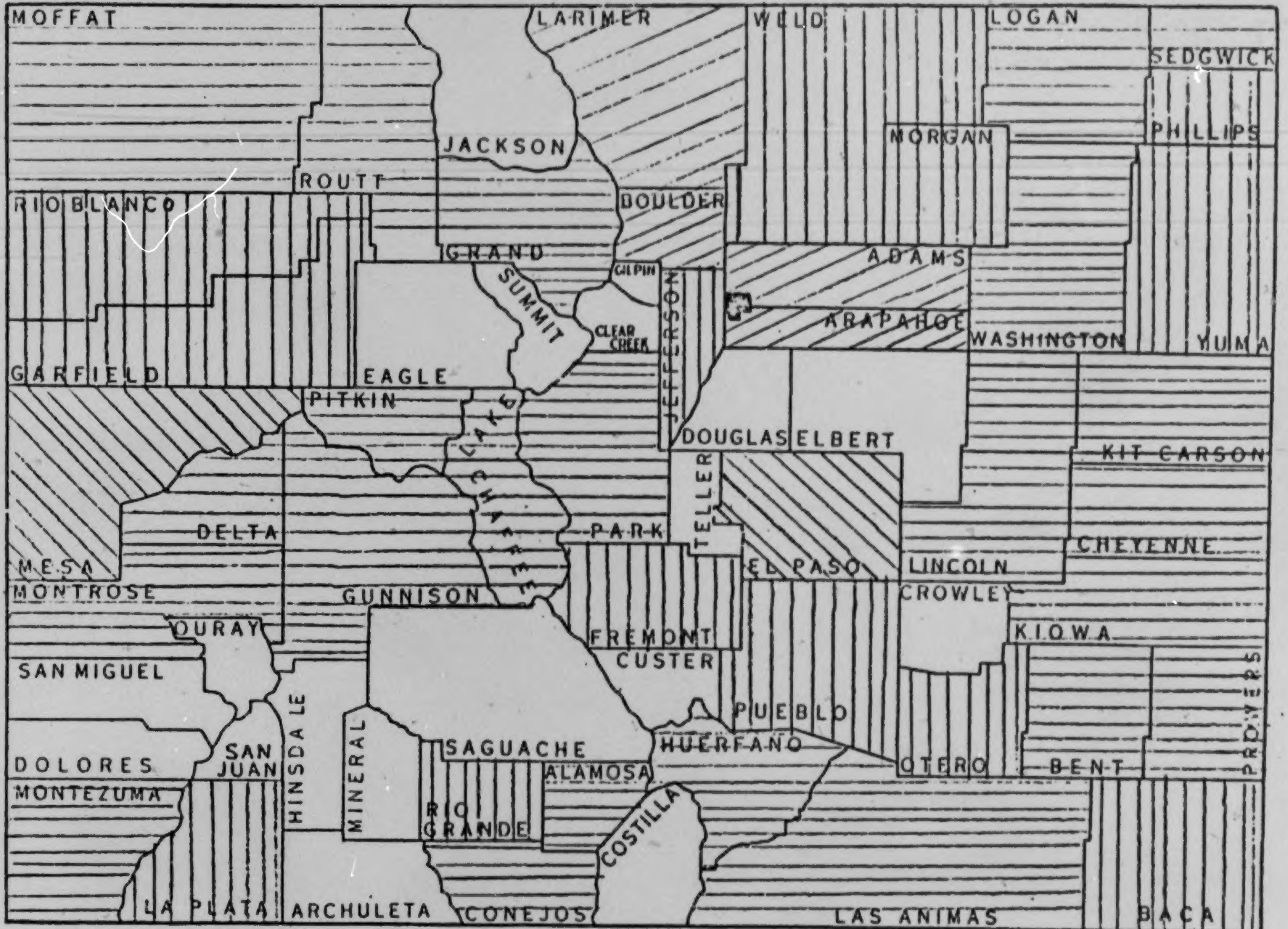
CROWLEY
OURAY
FREMONT
KIOWA
SAN MIGUEL
CUSTER
PUEBLO
HINSDALE
MINERAL
SAGUACHE
DOLORES
SAN JUAN
HUERFANO
OTERO
BENT
PROWERS
ALAMOSA
MONTEZUMA
RIO GRANDE
COSTILLA
LA PLATA
ARCHULETA
CONEJOS
LAS ANIMAS
BACA

PHYSICIANS PER COUNTY

LEGEND:
8 counties in Colo. are without an M.D ▥
Counties in Colo. with 1 - 2 M.D!s ▤
Counties in Colo. with 3 - 5 M.D.'s ▨
Counties in Colo with 6 and over M.D.'s □

SOURCE:
Colo. Dept. of Health
Division of Records &
Statistics Section
1973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LOGAN
SEDGWICK
PHILLIPS
JACKSON
MORGAN
ROUTT
RIO BLANCO
BOULDER
GRAND
ADAMS
GILPIN
SUMMIT
CLEAR CREEK
JEFFERSON
ARAPAHOE
WASHINGTON
YUMA
GARFIELD
EAGLE
PITKIN
LAKE
DOUGLAS
ELBERT
KIT CARSON
TELLER
CHAFFEE
DELTA
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MESA
EL PASO
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CROWLEY
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KIOWA
SAN MIGUEL
CUSTER
PUEBLO
HINSDALE
MINERAL
SAGUACHE
HUERFANO
SAN JUAN
DOLORES
ALAMOSA
OTERO
BENT
PROWERS
MONTEZUMA
RIO GRANDE
COSTILLA
LA PLATA
ARCHULETA
CONEJOS
LAS ANIMAS
BACA

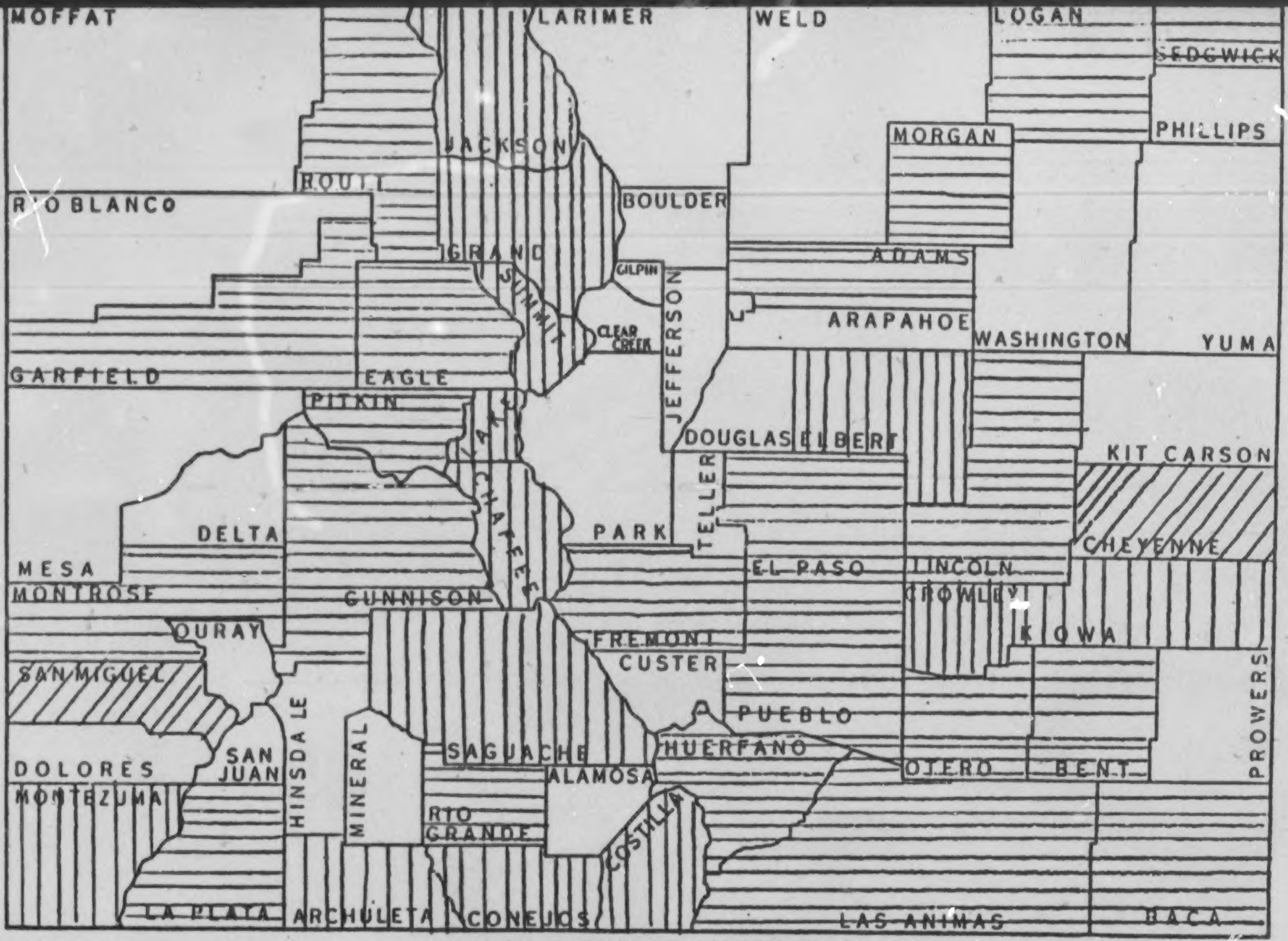
NUMBER OF HOSPITALS IN EACH COUNTY

LEGEND:

0 □
1 ▤
2 ▥
3 ▨
5-6 ▧
14 ■

SOURCE:
Colorado Hospital Association
2140 South Holly Street
Denver, CO 80222

Directory of Hospitals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HINSDALE
PUEBLO
SAN JUAN
MINERAL
SAGUACHE
HUERFANO
DOLORES
OTERO
BENT
ALAMOSA
MONTEZUMA
RIO GRANDE
COSTILLA
LA PLATA
ARCHULETA
CONEJOS
LAS ANIMAS
BACA

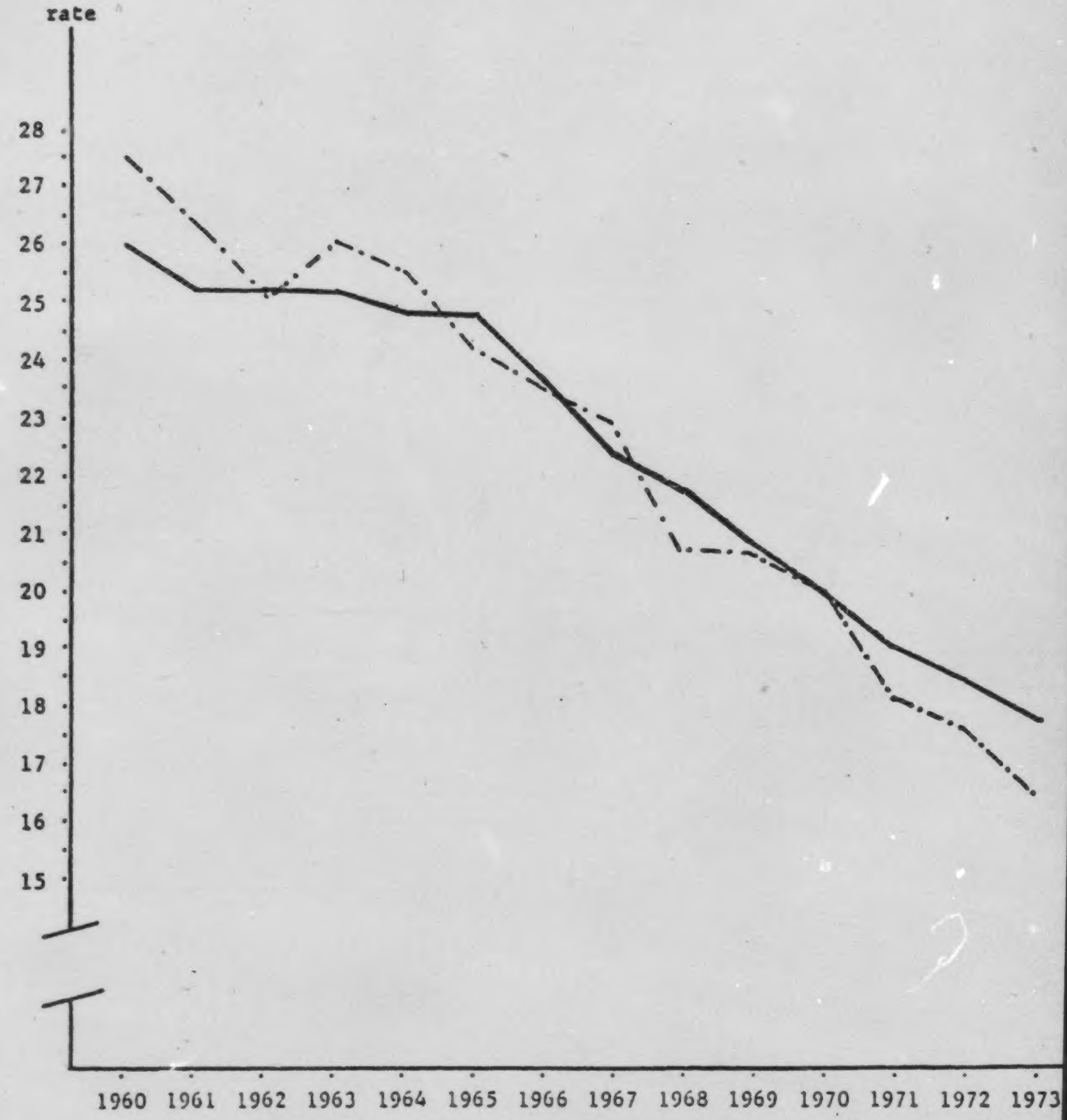
COLORADO COUNTIES WITH HIGHER THAN
STATE AVERAGE INFANT DEATHS: (5 yr. Average)
1969-1973
(38 counties are above nat'l average birth deaths)

LEGEND:
per 1000 births
18.6 - 25 ▤
26 - 40 ▥
over 40 ▨

SOURCE:
Colo. Vital Statistics
Colo. Dept. of Health
1973

Figure 1

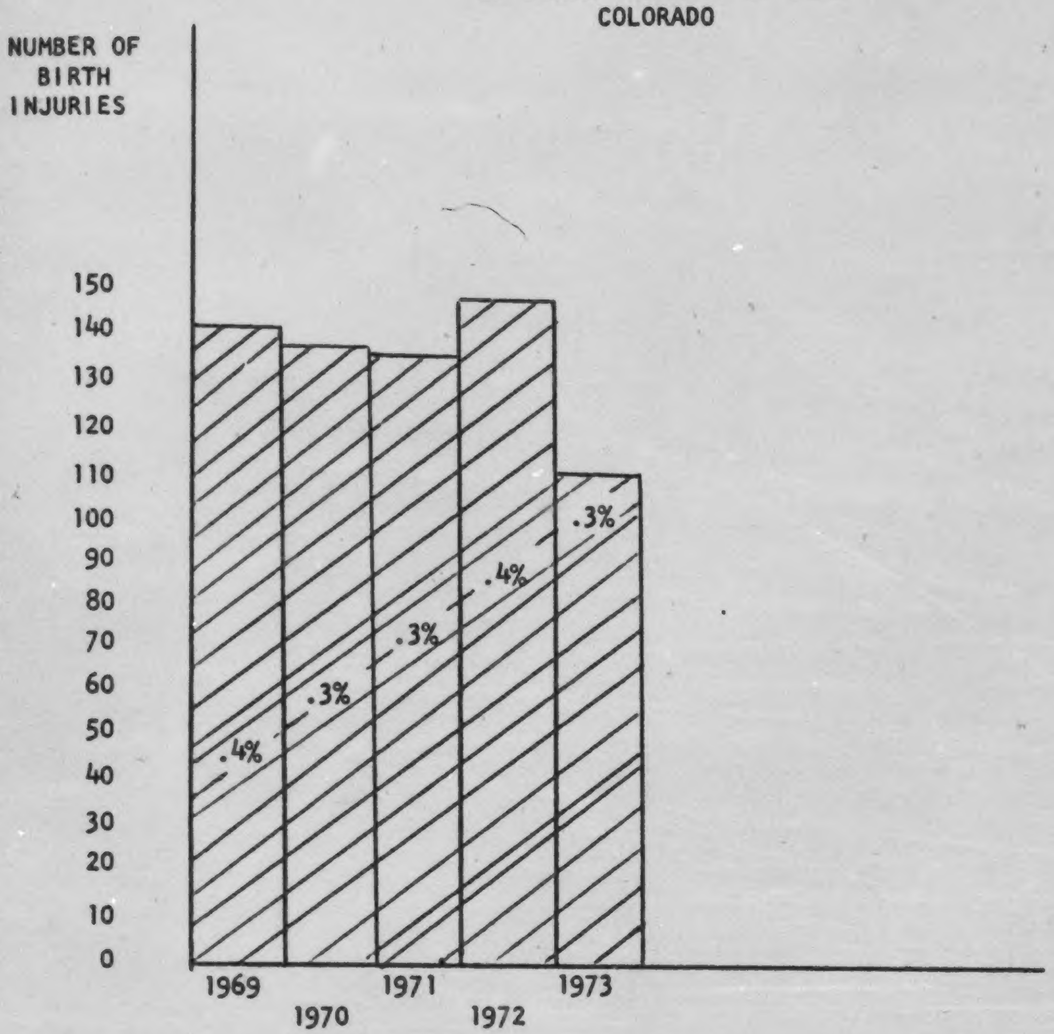
INFANT DEATH RATES,
UNITED STATES AND COLORADO, 1960 - 1973



SOURCE: Colorado: Annual Report of Vital Statistics, Colorado, 1971, 1972, 1973; and Colorado Vital Statistic Summary 1960-1970, Colorado Department of Health (Low-Birth-Weight) from Vital Statistics for the U.S., Vol. I Natality, individual years)

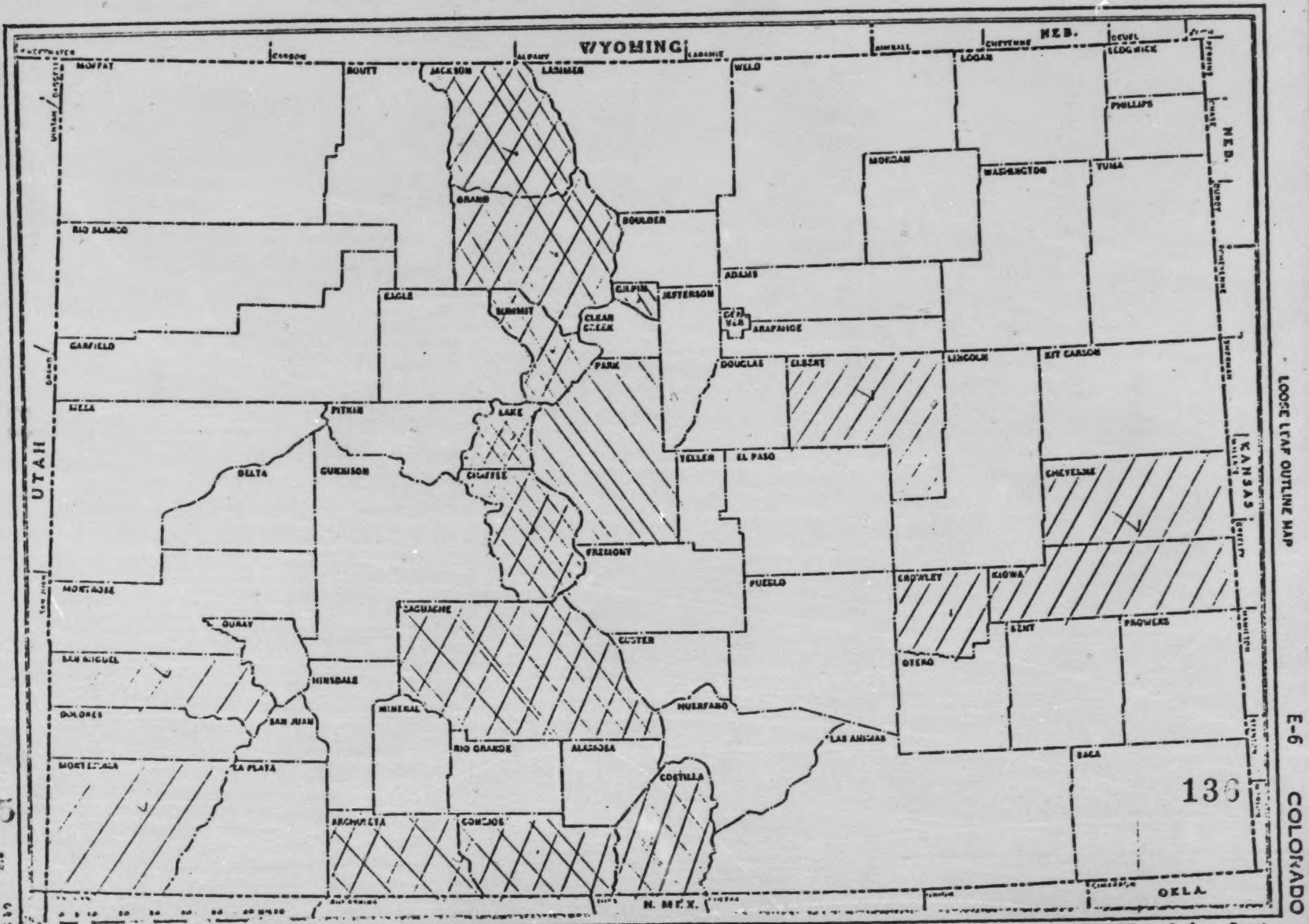
E-5

NUMBER & PERCENT
OF BIRTH INJURIES BY YEAR
COLORADO



SOURCE:
Colo. Dept. of Health
Vital Statistics of Colorado
1973

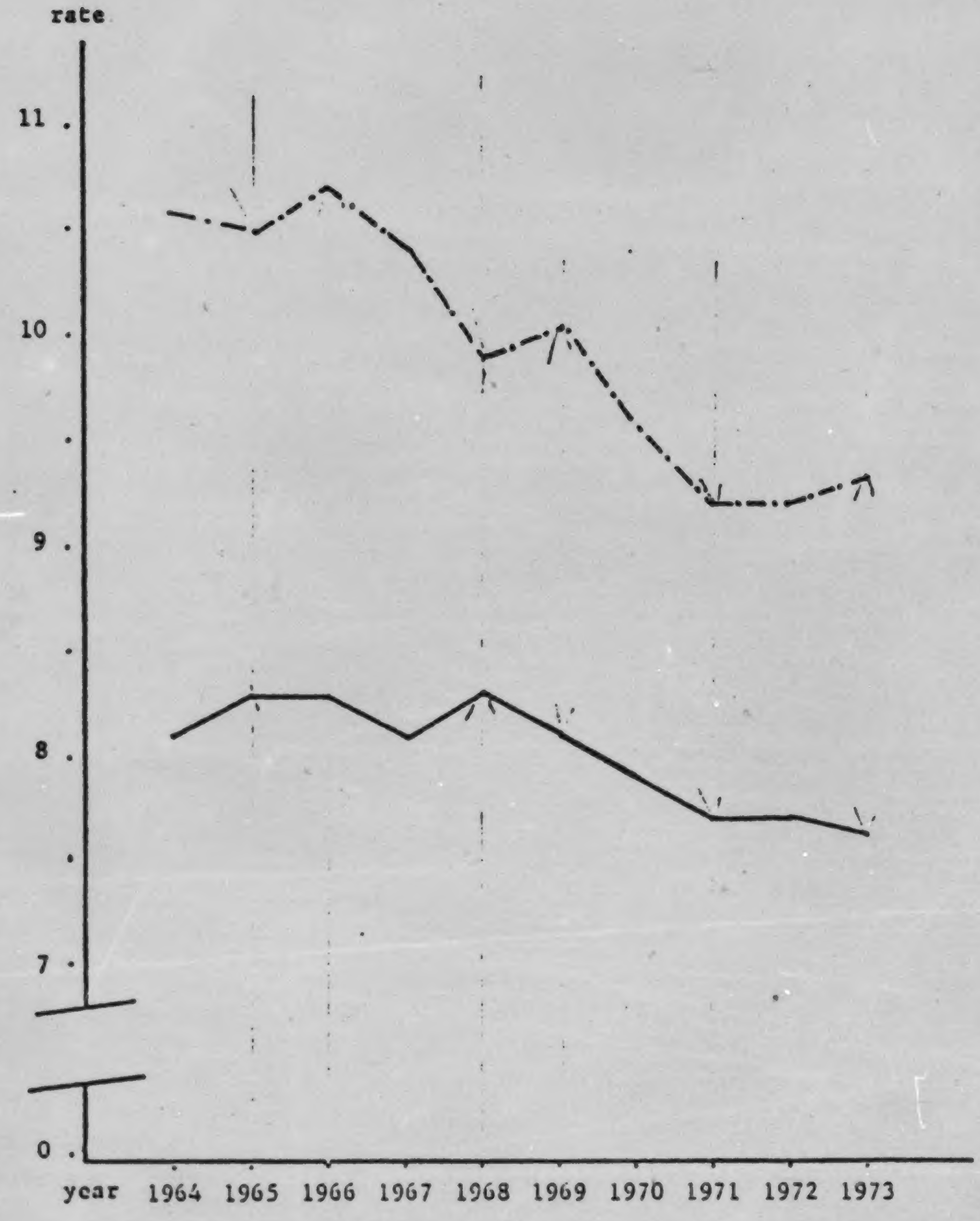
Figure 4. Location of Counties with High Infant and Neonatal Death Rates and High Per Cent Low-Birth-Weight


WYOMING
NEB.
UTAH
KANSAS
OKLA.
N. MEX.
LOOSE LEAF OUTLINE MAP
E-6
COLORADO
MOFFAT
ROUTT
JACKSON
LARIMER
WELD
LOGAN
SEDGWICK
PHILLIPS
MORGAN
WASHINGTON
YUMA
RIO BLANCO
GRAND
BOULDER
ADAMS
GILPIN
JEFFERSON
EAGLE
SUMMIT
CLEAR CREEK
ARAPAHOE
GARFIELD
PARK
DOUGLAS
ELBERT
LINCOLN
KIT CARSON
MESA
PITKIN
LAKE
DELTA
GUNNISON
CHAFFEE
TELLER
EL PASO
CHEYENNE
FREMONT
MONTROSE
PUEBLO
CROWLEY
KIOWA
SAGUACHE
OURAY
CUSTER
BENT
PROWERS
SAN MIGUEL
HINSDALE
OTERO
DOLORES
SAN JUAN
MINERAL
HUERFANO
LAS ANIMAS
RIO GRANDE
ALAMOSA
BACA
MONTEZUMA
LA PLATA
COSTILLA
ARCHULETA
CONEJOS
135
136

SOURCE: Colo. Dept.

Figure 3

PERCENT OF LOW WEIGHT BIRTHS,
UNITED STATES AND COLORADO, 1960 - 1973



SOURCE: Colorado: Annual Report of Vital Statistics Colorado, 1971, 1972, 1973; and Colorado Vital Statistics Summary 1960-1970, Colorado Department of Health (Low-Birth-Weight) from Vital Statistics for the U.S., Vol. I: Natality, individual years.

HIGH RISK CHILDREN UNDER % YEARS TARGET POPULATION, CHILDREN SERVED FY'74-75 AND PERCENT CHILD HEALTH CONFERENCES TARGET POPULATION SERVED BY REGION

Region	No. of children under 5 yrs.[3]	Target population: No. of children under 5 of low income families[4]	No. of children served FY'74-75 for public health agency CHC's[5]	% of target pop. served by PH agencies FY'74-75
I	3,896	460	245	53.3%
II	17,898	2,112	1,595	75.5%
III[1]	48,603	5,735	3,381	57.0%
IV	27,131	3,201	1,637	51.1%
V	1,131	134	348	259.7%
VI	3,412	403	350	86.9%
VII[2]	9,342	1,102	1,152	104.5%
VIII	3,125	369	735	199.2%
IX	2,813	332	1,385	417.2%
X	2,893	341	263	77.1%
XI	4,952	584	519	88.9%
XII	3,536	417	324	77.7%
XIII	2,652	313	670	214.1%
	131,384	15,503	12,604	81.3%

[1] Excludes Denver, Adams, Arapahoe, and Douglas counties since they have C & Y projects.

[2] Excludes Las Animas and Huerfano counties.

[3] Taken from Colorado Department of Health "Colorado Vital Statistics" report 1974. Based on 1974 estimate.

[4] Figures by taking 11.8% of population of children under 5, the percent of families with income under $5,000 annually in Colorado according to the vital statistics 1974 estimate.

[5] These statistics include all types of Child Health Conferences except as specified. Statistics on non-C&Y patients reported elsewhere for Denver, Adams, Arapahoe, Douglas, Las Animas, and Huerfano counties in this plan are excluded here for consistency since they are excluded from the population figures. Since it is not possible from our current data collection system to retrieve an unduplicated count of children where more than one type of CHC is provided in a county, number of children seen in each type of CHC are added together. This causes some duplication, but the extent of duplication is believed to be minimal. These statistics also include a small proportion of children over age 5.

Table 1

COLORADO COUNTIES WITH INFANT DEATH, NEONATAL DEATH AND LOW-BIRTH-WEIGHT RATES[1] 25% or More Below the U.S. National Average 1969-1973[2]

Infant Death		Neonatal Death		Low-Birth-Weight[3]	
Location	Rate	Location	Rate	Location	Rate
United States	19.2	United States	14.3	United States	7.80
Colorado	18.6	Colorado	13.7	Colorado	9.46
Counties:					
Dolores	--	Dolores	--	Hindsdale	--
Hindsdale	--	Gilpin	--	Dolores	5.74
Mineral	--	Hindsdale	--		
Teller	3.1	Mineral	--		
San Juan	9.1	Teller	3.1		
Clear Creek	11.1	Clear Creek	4.5		
Delta	11.2	Delta	5.6		
Gilpin	11.5	San Juan	9.1		
Washington	12.4	Washington	9.3		
Kit Carson	14.2	Prowers	10.2		
Larimer	14.4	Larimer	10.5		
		Boulder	10.6		

[1] All rates are per 1,000 live births.

[2] For sources of data see appendix.

[3] Low-birth-weight is defined as less than 2,500 grams.

Table 2

COLORADO COUNTIES WITH INFANT DEATH NEONATAL DEATH AND LOW-BIRTH-WEIGHT RATES 50% or More Above the U.S. National Average 1969-1973

Infant Death		Neonatal Death		Low-Birth-Weight	
Location	Rate	Location	Rate	Location	Rate
United States	19.2	United States	14.3	United States	7.80
Colorado	18.6	Colorado	13.7	Colorado	9.46
Counties:					
Cheyenne	60.4	Cheyenne	49.5	Lake	18.7
Jackson	43.7	Kiowa	40.7	Gilpin	17.2
San Miguel	42.6	Jackson	38.3	Jackson	14.8
Kiowa	40.7	San Miguel	37.2	Park	14.3
Costilla	38.9	Archuleta	26.7	Eagle	14.0
Summit	36.1	Elbert	25.4	Summit	13.0
Lake	35.4	Saguache	25.3	Conejos	13.0
Montezuma	30.7	Grand	23.3	Saguache	12.9
Grand	30.3	Lake	23.2	Chaffee	12.3
Crowley	29.9	Conejos	23.1	Pitkin	12.2
Elbert	29.7	Chaffee	21.5	Costilla	12.1
				Archuleta	12.0
				Grand	11.9

SOURCE: Five Year Low Birth Weight and Infant Death Rates, Colorado Annual Report of Vital Statistics, Colorado, 1973, Colorado Department of Health (Table 10).

Five Year Neonatal Death Rates, Colorado, Calculations of Records and Statistics Unit.

Table 3

DEMOGRAPHIC CHARACTERISTICS OF COUNTIES WITH HIGH INFANT DEATH, NEONATAL DEATH AND LOW BIRTH WEIGHT RATES
1969-1973

County or Area	Population (1970 U.S. Census)	Per Cent Rural	Median Age	Median Family Income	Median Grade Completed	Per Cent Population Spanish Surnamed
United States	203.211,926	26.5	28.1	$ 9,590	12.1	4.0
Colorado	2,207.259	21.5	26.2	12,330	12.4	13.0
			HIGH INFANT AND NEONATAL DEATHS			
Cheyenne	2,376	100.0	30.7	8,640	12.0	3.8
Jackson	1,811	100.0	27.3	12,720	12.3	8.7
San Miguel	1,949	100.0	27.3	9,050	11.8	9.7
Kiowa	2,425	100.0	32.1	8,340	12.1	3.2
Costilla	3,091	100.0	24.9	5,970	9.6	78.5
Summit	2,665	100.0	26.4	13,640	12.6	1.6
Lake	8,262	57.1	23.6	11,530	12.2	25.1
Montezuma	12,952	53.4	27.4	9,300	11.8	11.3
Grand	4,107	100.0	29.6	11,250	12.3	3.0
Crowley	3,978	100.0	37.4	7,530	10.7	17.1
Elbert	3,903	100.0	33.6	8,730	12.1	0.5
Saguache	3,827	100.0	26.3	5,770	11.1	40.0
Chaffee	10,162	47.9	28.4	10,410	12.2	11.6
Archuleta	2,733	100.0	25.4	9,410	11.4	50.6
Conejos	7,846	100.0	21.2	6,036	10.2	67.6
Total (or mean)	72,107 (3.2% of state)	79.6	30.8	9,393	11.6	23.8

Table 3 (Continued)

County or Area	Population (1970 U.S. Census)	Per Cent Rural	Median Age	Median Family Income	Median Grade Completed	Per Cent Population Spanish Surnamed
			HIGH LOW-BIRTH-WEIGHT PERCENTAGE			
Lake	8,262	57.1	23.6	$11,530	12.2	25.1
Gilpin	1,272	100.0	33.6	9,890	12.3	0.7
Jackson	1,811	100.0	27.3	12,720	12.3	8.7
Park	2,185	100.0	33.7	8,650	12.3	0.9
Eagle	7,498	100.0	24.6	11,230	12.2	25.7
Summit	2,665	100.0	26.0	13,640	12.6	1.6
Conejos	7,846	100,0	21.2	6,030	10.2	67.6
Saguache	3,827	100.0	26.3	5,770	11.1	40.0
Chaffee	10,162	47.9	28.4	10,410	12.2	11.6
Pitkin	6,185	100.0	26.3	15,290	14.4	0.8
Costilla	3,091	100.0	24.9	5,970	9.6	78.5
Archuleta	2,733	100.0	25.4	9,410	11.4	50.6
Grand	4,107	100.0	29.6	4,107	12.3	3.0
Total (or mean)	61,644 (2.8% of state)	85.6	25.7	9,618	11.8	26.5

SOURCE: Colorado: Demographic Profile, Colorado Planning and Management Districts, Colorado Department of Health, Records and Statistics Section.

Table 4

MEDIAN ALTITUDE DENSITY FOR COUNTIES WITH HIGH INFANT DEATH AND NEONATAL DEATH RATES AND HIGH LOW-BIRTH-WEIGHT RATES
1970 Census

Colorado	Altitude 5,405
United States	N/A

High Infant & Neonatal Deaths	Altitude Density
Cheyenne	4,924
Jackson	8,099
San Miguel	8,010
Kiowa	4,262
Costilla	7,746
Summit	9,313
Lake	10,152
Montezuma	6,354
Grand	7,793
Crowley	4,305
Elbert	6,266
Saguache	7,667
Chaffee	7,326
Archuleta	7,079
Conejos	7,713
Mean	7,157

High Low-Birth-Weight Rate	Altitude Density
Lake	10,152
Gilpin	8,275
Jackson	8,099
Park	10,012
Eagle	7,308
Summit	9,313
Conejos	7,713
Saguache	7,667
Chaffee	7,326
Pitkin	7,908
Costilla	7,746
Archuleta	7,079
Grand	7,793
Mean	8,183

SOURCE: "Colorado Counties by Mean Population Elevation" - Table prepared by Department of Health, Records and Statistics Section.

Table 5

NATALITY IN COUNTIES WITH HIGH INFANT AND NEONATAL DEATH RATES AND HIGH LOW-BIRTH-WEIGHT RATES 1973

			Teenage Births		Births to Unmarried	
County or Area	Births	Birth Rate[1]	Number	Rate[2]	Number	% of Live Births
Colorado	38,507	17.9	6,977	54.0	3,849	9.9
United States	3,136,965	14.9	616,957	59.7	407,300	12.0
High Mortality Counties						
Cheyenne	36	14.9	6	47	1	2.7
Costilla	41	12.7	6	28	5	12.1
Jackson	48	23.1	10	105	4	8.3
Summit	78	19.8	4	25	4	5.1
San Miguel	41	21.2	8	71	2	4.8
Lake	134	16.1	31	75	9	6.7
Kiowa	32	15.4	2	13	0	--
Montezuma	246	18.1	55	71	25	10.1
Grand	102	20.1	17	64	7	6.9
Crowley	32	12.7	12	111	8	25.0
Elbert	57	12.7	8	38	2	3.5
Saguache	83	21.9	20	97	17	20.4
Chaffee	156	14.1	32	62	7	4.4
Archuleta	50	21.2	13	119	4	8.0
Conejos	155	18.7	36	67	24	15.4
TOTAL (or mean)	1,291	17.9	320	67.7	119	9.2
High Low-Birth-Weight Counties						
Lake	134	16.1	31	75	9	6.7
Gilpin	11	6.7	1	16	1	9.1
Jackson	48	23.1	10	105	4	8.3
Park	44	14.8	6	56	1	2.2
Eagle	172	19.2	28	67	16	9.3
Summit	78	19.8	4	25	4	5.1
Chaffee	155	18.7	36	67	24	15.4
Saguache	83	21.9	20	97	17	20.4
Chaffee	156	14.1	32	62	7	4.4
Pitkin	102	12.7	6	28	5	12.1
Archuleta	50	21.2	13	119	4	8.0
Grand	102	20.1	17	64	7	6.9
TOTAL (or mean)	1,176	19.0	209	61.2	108	9.2

[1] Per 1,000 population.

[2] Per 1,000 women, age 15-19.

SOURCE: Colorado: Annual Report of Vital Statistics, Colorado, 1973.

Table 6

HEALTH MANPOWER AND HOSPITALS IN HIGH INFANT AND NEONATAL MORTALITY COUNTIES AND HIGH LOW-BIRTH-WEIGHT RATE COUNTIES 1972

	Practicing MD's		Practicing RN's		
County or Region	Number	Persons Per	Number	Persons Per	Hospitals
Colorado	4,448	496	12,293	180	87
United States	356,534		780,000		7,481
High Infant Mortality Counties					
Cheyenne	1	2,396	10	240	1
Jackson	1	1,811	2	906	0
San Miguel	1	1,940	5	388	0
Kiowa	0	--	10	243	1
Costilla	2	1,213	6	515	0
Summit	4	666	10	267	0
Lake	4	2,065	29	285	1
Montezuma	8	1,619	42	308	1
Grand	7	587	11	373	1
Crowley	2	1,989	2	1,989	0
Elbert	0	--	9	434	0
Saguache	2	1,914	8	478	0
Chaffee	13	782	39	261	1
Archuleta	2	1,367	0	--	0
Conejos	4	1,962	9	872	1
	51	1,413	192	375	7 (8%)
High Low-Birth-Weight Rate Counties					
Lake	4	2,065	29	285	1
Gilpin	1	1,272	3	424	0
Jackson	1	1,811	2	906	0
Park	2	1,093	14	156	1
Eagle	6	1,250	17	441	0
Summit	4	666	10	267	0
Conejos	4	1,962	9	872	1
Saguache	2	1,914	8	478	0
Chaffee	13	782	39	261	1
Pitkin	24	257	58	167	1
Costilla	2	1,213	6	515	0
Archuleta	2	1,367	0	--	0
Grand	7	587	11	373	1
	72	856	206	299	6

SOURCE:
Colorado Department of Health
Vital Statistics of Colorado

Table 7

CDH INFANT HEALTH RELATED SERVICES IN COUNTIES WITH HIGH INFANT AND NEONATAL DEATH RATES AND HIGH LOW-BIRTH-WEIGHT RATES

County	Type of CDH Service	Child Health Conferences		Productive Home[x] Nursing Visits To Infants		Family Planning[y] Service Patients	
		Medical	Nursing	0-1 mo.	1-11 mo.	New	Old
(Colorado)		9,563	5,861	3,011	7,980	0	0
Cheyenne	None	0	0	*	*	0	0
Jackson	PHN	0	0	30	112	0	0
San Miguel	PHN	0	0	2	0	25	20
Kiowa	None[+]	0	0	*	*	0	0
Costilla	PHN	0	9	0	4	0	0
Summit	PHN	0	0	0	8	0	0
Lake	PHN	0	0	0	14	83	37
Montezuma	PHN	0	0	2	2	104	42
Grand	PHN	0	0	13	29	11	2
Crowley	Otero Co. H.D.	*	*	*	*	0	0
Elbert	PHN	148	194	6	29	0	0
Saguache	PHN	0	0	1	24	8	27
Chaffee	PHN	0	252	1	14	20	7
Archuleta	San Juan Basin Health Unit	*	*	*	*	7	30
Conejos	PHN	0	0	2	21	0	0
Gilpin	Boulder Co. H.D.	*	*	10	13	7	0
Park	El Paso H.D.	0	0	1	8	202	128
Eagle	PHN	0	156	0	4	87	83
Pitkin	VNA Nurse	0	0	2	2	207	36
		148	602	70	284	761	412

[x] i.e., other than Not At Home
[y] includes RMPP patients
* data not available
[+] PHN nurse, beginning 7/1/75

COLORADO DEPARTMENT OF HEALTH CHILD HEALTH CONFERENCES RECOMMENDED MINIMUM VISIT, SERVICE AND SCREENING - SCHEDULE

FLOW SHEET

Recommended Ages of visit	2 wks - 1 mo	2 mo	4 mo	6 mo	9 mo	1 yr	15 mo	1½ yr	2 yr	2½ yr	3 yr	4 yr	5 yr	8 yr	11 yr	14 yr	17 yr
Height/Length	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Weight	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Head Circumference	x	x	x	x	x	x	x	x	x								
History and Physical	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Eye Vision Screening				x		x		x			x	x or→	x	x	x	x	x
Hearing Screening				x		x		x					x	x	x	x	x
DDST				x			x				x	x or→	x				
Speech Screening						x		x			x	x or→	x				
Dental Screening								x	x	x	x	x	x	x	x	x	x
Hgb - Hct					x or-	x			x		x	x	x	x	x	x	x
UA and UC											x	x	x	x	x	x	x
PPD - Tine					x								x			x	
Polio		x	x	x				x				x or→	x				
DPT - Td		x	x	x				x				x or→	x			x or-	x
Rubeola Rubella						x											
Mumps	(give as desired between 12 mo and 12 yr)					x											

SOURCE: Colorado Department of Health

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VISIT FREQUENCY: Visits are recommended as follows: 2 to 4 weeks; 2, 4, 6, 9, 12, 15, and 18 months; 2, 2½, 3, 4, and 5 years and every three years thereafter. More frequent visits may be recommended for children needing more intensive intervention based on individual needs and resources.

SCREENING STANDARDS FOR INFANTS AND PRESCHOOL CHILDREN

All screening procedures may be done by a trained non-professional. If the results do not fall within the "acceptable" range, they should be brought to the attention of a physician.

Screening	Method	How to Record	Acceptable Results	Recommended Schedule
Length or height	Standing if feasible (without shoes). For infant, supine. Use two people, one of whom may be mother. One holds the infant straight with head at beginning of measure with legs extended. The other measures.	Graph each visit on standardized graph and record with physical examination.	Between 3rd and 97th percentile for age.	Every visit indefinitely.
Weight	Balanced baby scale with child undresses (or in dry diaper or panties) until child weighs 30 lbs. then bathroom or balance adult scale with child's shoes and heavy clothing removed.	Graph each visit on standardized graph and record with physical examination.	Between 3rd and 97th percentile for age. (In general expect weight and length to be near the same percentile.)	Every visit indefinitely.
Head circumference	Steel or cloth tape in good condition. Measure three times around the widest part of forehead and back of head and record largest measurement.	Graph on standardized chart and record with physical examination.	Between 3rd and 97th percentile for age. (Expect to relate in percentiles to weight and length.)	Best to obtain at each visit to age 24 months. Should at least be recorded at 2-4 weeks, 2-3 months, 6-7 months, 12-15 months, and 23-25 months.
Chest circumference	Steel or cloth tape in good condition. Measure at nipple line.	Note any discrepancy between head and chest measurement in physical examination notes.	Normally the same as or slightly less than the head circumference for the first 2 years of life and then exceeds the head circumference.	Obtain on schedule with head circumference.

Screening	Method	How to Record	Acceptable Results	Recommended Schedule
Development	Denver Developmental Screening Test (DDST) per instructions given in manual. If response is "questionable" or "abnormal", repeat screening within one month and use score of repeat screening.	Screening form maintained as permanent part of child's record. Record result (interpretation) in progress notes.	"Normal" per instructions for interpretation of results in the DDST manual.	Ages 6 months 15 months 3 years
	General developmental appraisal per any of several standardized growth and developmental guides.	Record child's developmental status in progress notes.	Within norms on scale utilized.	General evaluation at each visit.
Blood	Hematocrit by centrifuge (EG Readacrit by Clay-Adams) or hemoglobin by hemoglobinimeter.	Progress notes. Record result in percent of gm.	Birth to 3 yrs. Hct 33% or↑ Hgb 11 gm or↑ 3 yrs. to 12 yrs Hct 35% or↑ Hgb 12 gm or↑	Initial 12 months unless indicated earlier because of low birth weight, prematurity, twins, or infants with hemolytic disease of the newborn. Routines at 24 months, 3 years, and every routine visit thereafter.
Urine	Recommend 5 test dipstick for glucose, protein, ketones, blood and PH (EG Combistix) on fresh voided specimen.	Progress notes. Record result as negative or list positive results.	Absence of abnormal values as indicated per dipstick instructions. Acceptable PH range 5-7. Acceptable protein 0 or trace.	If child is ill or failing to thrive, urinalysis should be freely employed. Otherwise, routines are suggested at 3 yrs. and every routine visit thereafter.
Urine Culture	Some simple screening methods are available. Their reliability is not documented by experience in Colorado public health agencies. Studies on their feasibility and validity are underway.	Progress notes.	Per package instructions.	PRN with illness with routine for girls at 35-37 months, 5-6 years, 8-9 years, if equipment available.

Screening	Method	How to Record	Acceptable Result	Recommended Schedule
Vision	Snellen "E" chart plus at least one screening procedure for muscle imbalance e.g. Cover test or Hirschberg test.	Progress notes, Record line at which child was able to identify more than half of the symbols for right, left, and both eyes. Record result of scredning for muscle imbalance.	Correctly identifies more than half of the symbols as follows: 3 yrs - 20/40 to 20/50 4-5 yrs - 20/30 to 20/40 with both eyes as well as each eye separately. There must not be a 2-line differential between eyes or evidence of other potential eye pathology such as muscle imbalance, infection, etc.	6, 12, and 18 months for muscle imbalance and following. Visual acuity added at 3 years and each routine visit thereafter.
Hearing	Question parent (i.e. "Do you have any suspicion that your child does not hear as well as he or she should?"). History of individual and family. Performance in language sector of Danver Developmental Screening Test (DDST). Observation. Whisper and noisemaker response tests may be useful for infants. Audiometer for near or at school age only.	Progress notes. Record methods used and results.	Combination of available data leads to judgment that hearing is within normal limits. If there is suspicion of poor hearing, arrange for audiologist to test.	6 months 12 months 18 months Prior to or during first year of school, audiometer screening.
Speech	Performance in language sector of Denver Developmental Screening Test. History. Question parent (i.e. "Do you have any concern about your child's speech or language development?"). Observation.	Progress notes. Record results.	Combination of available data leads to judgment that speech and language development is within normal limits. If there is suspicion of speech delay or defect, arrange for speech pathologist to test.	12 months 18 months 3-4 years 5 years
Tuberculosis	Multiple puncture skin test.	Progress notes. Record data given, site, date read, and result in MM.	Negative as indicated per material instructions.	9 months 5 years

Colorado Department of Health - Child Health Services Division
October, 1971 - Revised 1/75 - Revised 4-76

See flow sheet for recommended ages of immunizations and other services.

SOURCES OF DATA

Table	Source	
1 & 2	Five Year	Low Birth Weight and Infant Death Rates, Colorado Annual Report of Vital Statistics, Colorado, 1973 Colorado Department of Health (Table 10).
	Five Year	Neonatal Death Rates, Colorado Calculations of Records & Statistics Unit
3	Colorado:	Demographic Profile, Colorado Planning and Management Districts, Colorado Department of Health, Records and Statistics Section
	U. S.:	U. S. Census of Population, 1970, Report PC(1) -C1- General Social and Economic Characteristics, U. S. Summary
4	"Colorado	Counties by Mean Population Elevation" - Table prepared by Colorado Department of Health Records and Statistics Section
5	Colorado:	Annual Report of Vital Statistics, Colorado, 1973
	U. S.:	Monthly Vital Statistics Report, Annual Summary for the U. S., 1974 (Teenage and Unwed Births from state data printouts: Residence Births, 1973, by County of Residence and Mothers' Age, Report 44)
Figures		
1,2,&3	Colorado:	Annual Report of Vital Statistics, Colorado, 1971, 1972, 1973; and Colorado Vital Statistics Summary 1960-1970, Colorado Department of Health (Low-Birth-Weight) from Vital Statistics for the U.S., Vol. 1: Natality, individual years)
	U. S.:	Monthly Vital Statistics Report, Annual Summary for the United States, 1974

APPENDIX F

Higher Education Data

Higher Education Survey Form

____
(Name of College or University)

____
(Name of Person Interviewed) (Phone)

1. Does this College or University offer Early Childhood courses in the evenings (i.e., after 6:00 PM)?

yes ___ no ___

If yes, which months of the year? ________________________

2. List the groups or organizations that directly influence the Early Childhood courses offered at this College or University:

____
____
____
____
____

3. What courses does this College or University offer specifically geared for Day Care Home operators?

____
____
____

4. What courses does this College or University offer specifically geared for Day Care Center operators?

____
____
____

5. How many members of the Early Childhood faculty provide volunteer or consultative services to:

a. Day Care Home operators . . . . ____
b. Day Care Center operators . . . . ____
c. Head Start programs . . . . ____
d. Pre-kindergarten public school programs ____

6. How many years experience have members of the Early Childhood faculty had teaching in the following situations:

	Years					
	1	2	3	4	5	6
Day Care Homes						
Day Care Centers						
Head Start Programs						
Pre-kindergarten Public School Programs						
Migrant Pre-school Programs						
Other (specify) ______						

7. How many members of the Early Childhood faculty are employed

Full Time ________ Part Time ________

8. The number of full- and part-time Early Childhood faculty that earn:

	Part-Time	Full-Time
0 - $5000		
$5000 - $10,000		
$10,000 - $15,000		
$15,000 - $20,000		
$20,000 - $25,000		
$25,000 - $30,000		

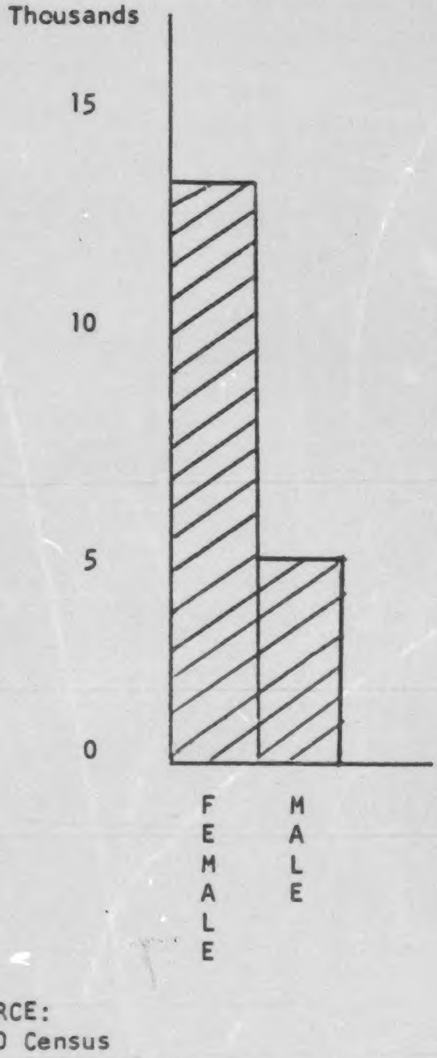
NAME OF COLLEGE	COUNTY	CITY	ORGANIZATIONS DIRECTLY INFLUENCING EARLY CHILDHOOD COURSES OFFERED										DEGREES OFFERED				FACILITY PROVIDING CONSULTATIVE SERVICE TO:					
			State Soc. Services	Head Start	Advisory Committee	Colo. Dept. Education	Day Care Home Oper.	Day Care Cntr. Oper.	Students	Public Schools	CAEYC	Others	AA	CDA	BA BS	MA MS	Full Time	Part Time	Day Care Home	Day Care Center	Head Start	Pre-Kdg Pub. Schls
ADAMS STATE COLLEGE	ALAMOSA	ALAMOSA	X		X						X	X					1	0	1	1	1	1
AIMS COMMUNITY COLLEGE	WELD	GREELEY	X				X					X	X				2	5	3	3	3	3
ARAPAHOE COMMUNITY COLLEGE	JEFFERSON	LITTLETON	X														1	0	1	1	0	1
COLORADO STATE UNIVERSITY	LARIMER	FORT COLLINS	X												X	X	8	0	2	5	4	-
COLORADO WOMEN'S COLLEGE	DENVER	DENVER				X						X			X		1	0	on request			
COMMUNITY COLLEGE OF DENVER - AURARIA	DENVER	DENVER	X		X				X								1	3	0	0	0	0
COMMUNITY COLLEGE OF DENVER - N. CAMPUS	DENVER	DENVER	X		X							X	X				3	2	1	2	3	1
COMMUNITY COLLEGE OF DENVER - RED ROCKS	JEFFERSON	GOLDEN	X	X	X		X		X	X		X	X				2	5	2	4	3	2
EL PASO COMMUNITY COLLEGE	EL PASO	COLORADO SPRGS.			X							X	X				2	5	2	2	2	2
FT. LEWIS COLLEGE	LA PLATA	DURANGO		X								X					1	0	1	1	1	1
MESA COLLEGE	MESA	GRAND JNCT.	X	X	X			X					X				1	-	1	1	1	1
METROPOLITAN STATE COLLEGE	DENVER	DENVER	X		X	X	X	X	X		X	X			X		4	2	3	3	5	3
MORGAN COMMUNITY COLLEGE	MORGAN	FT. MORGAN															-	-	-	-	-	-
NORTH EASTERN JUNIOR COLLEGE	LOGAN	STERLING	X										X				-	-	-	-	-	-
OTERO JUNIOR COLLEGE	OTERO	LA JUNTA	X	X								X					1	4	1	0	4	0
REGIS COLLEGE	DENVER	DENVER	X	X		X	X			X		X					0	2	-	-	-	2
TRINIDAD STATE COLLEGE	LAS ANIMAS	TRINIDAD		X								X					-	-	-	-	1	-
WESTERN STATE COLLEGE	GUNNISON	GUNNISON										X					0	1	0	0	0	0
UNIVERSITY OF COLORADO - DENVER	DENVER	DENVER	X								X					X	2	5	0	2	2	2
UNIVERSITY OF DENVER	DENVER	DENVER								X		X					1	-	-	-	1	2
UNIVERSITY OF NORTHERN COLORADO	WELD	GREELEY	X						X						X	X	3	2	7	7	7	7
UNIVERSITY OF SOUTHERN COLORADO	PUEBLO	PUEBLO	X			X	X	X			X	X	X				1	0	1	1	1	3

SOURCE: Colorado Early Childhood Study 5/76

APPENDIX G

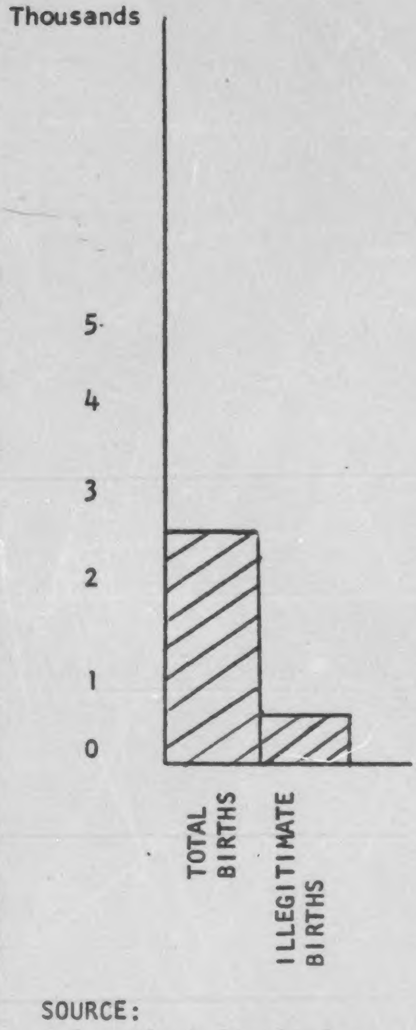
Demographic Data

TOTAL MARRIED PERSONS
AGE 15-19 COLORADO - 1970



SOURCE:
1970 Census
U.S. Dept. of Commerce

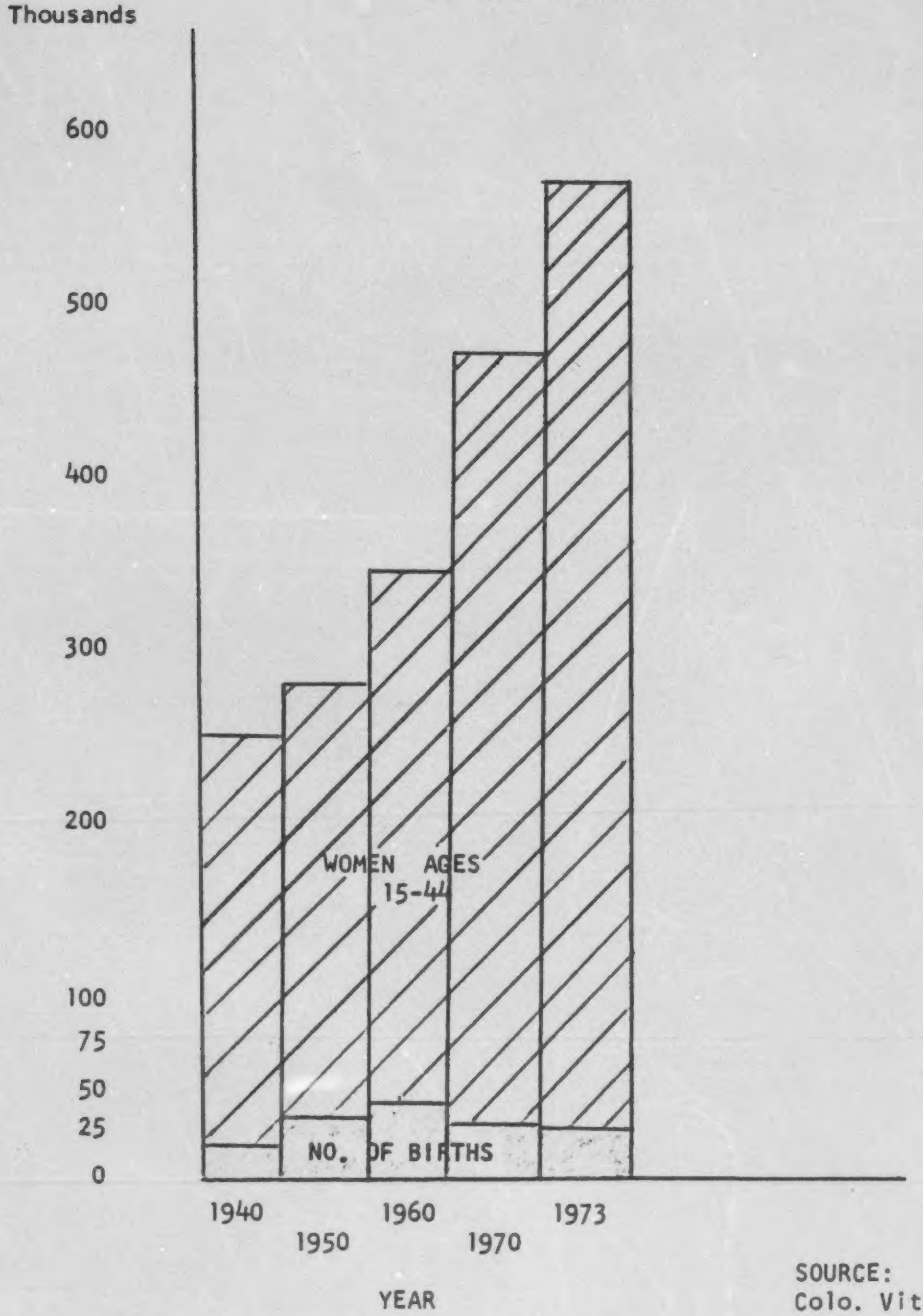
NUMBER OF BIRTHS TO
MOTHERS AGE 15-19
COLORADO - 1973



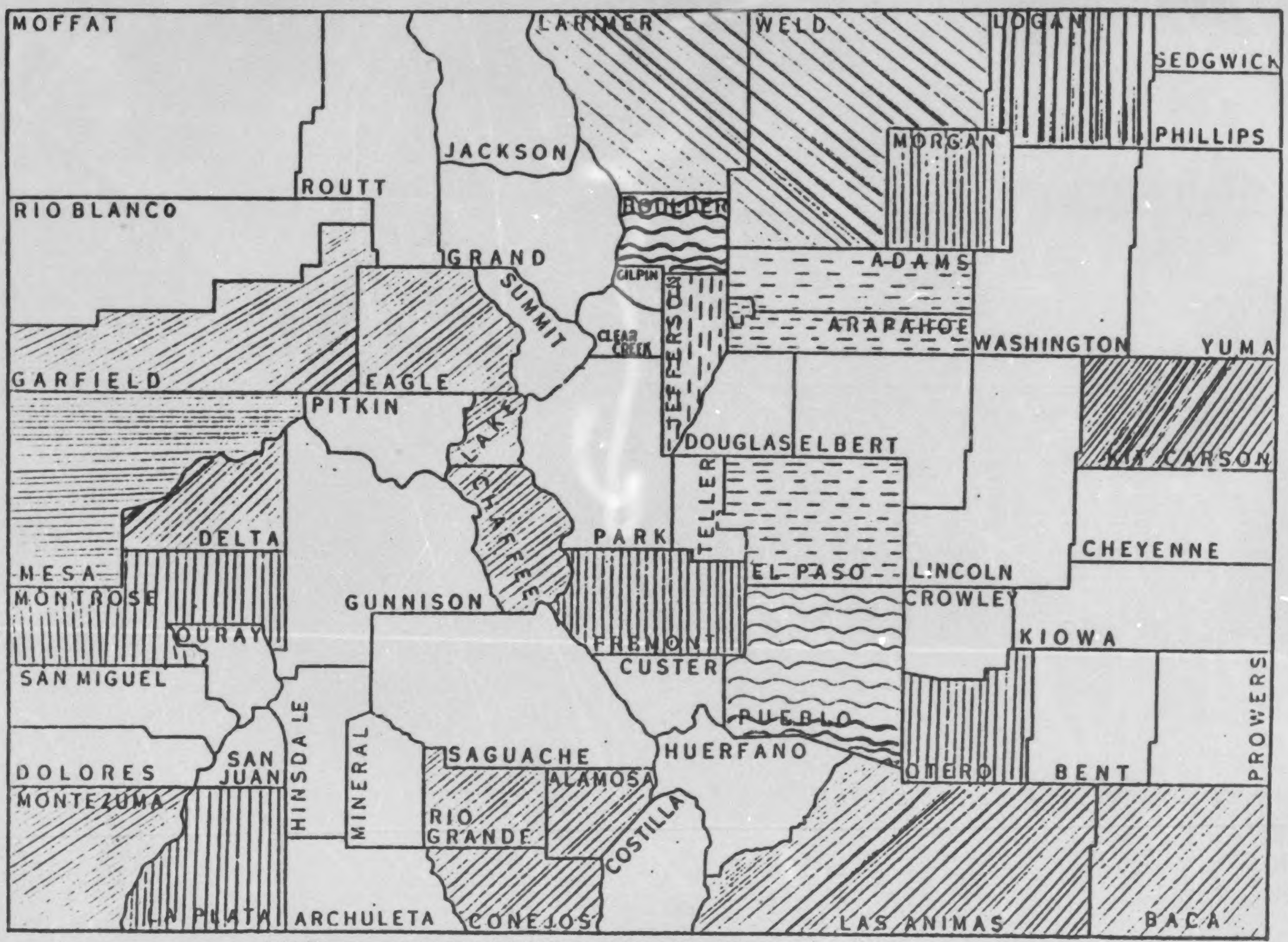
SOURCE:
Colo. Vital Statistics
Colo. Dept. of Health

G-2

COLORADO WOMEN AGE 15 - 44
TO NUMBER OF BIRTHS



SOURCE:
Colo. Vital Statistics
Colo. Dept. of Health
1973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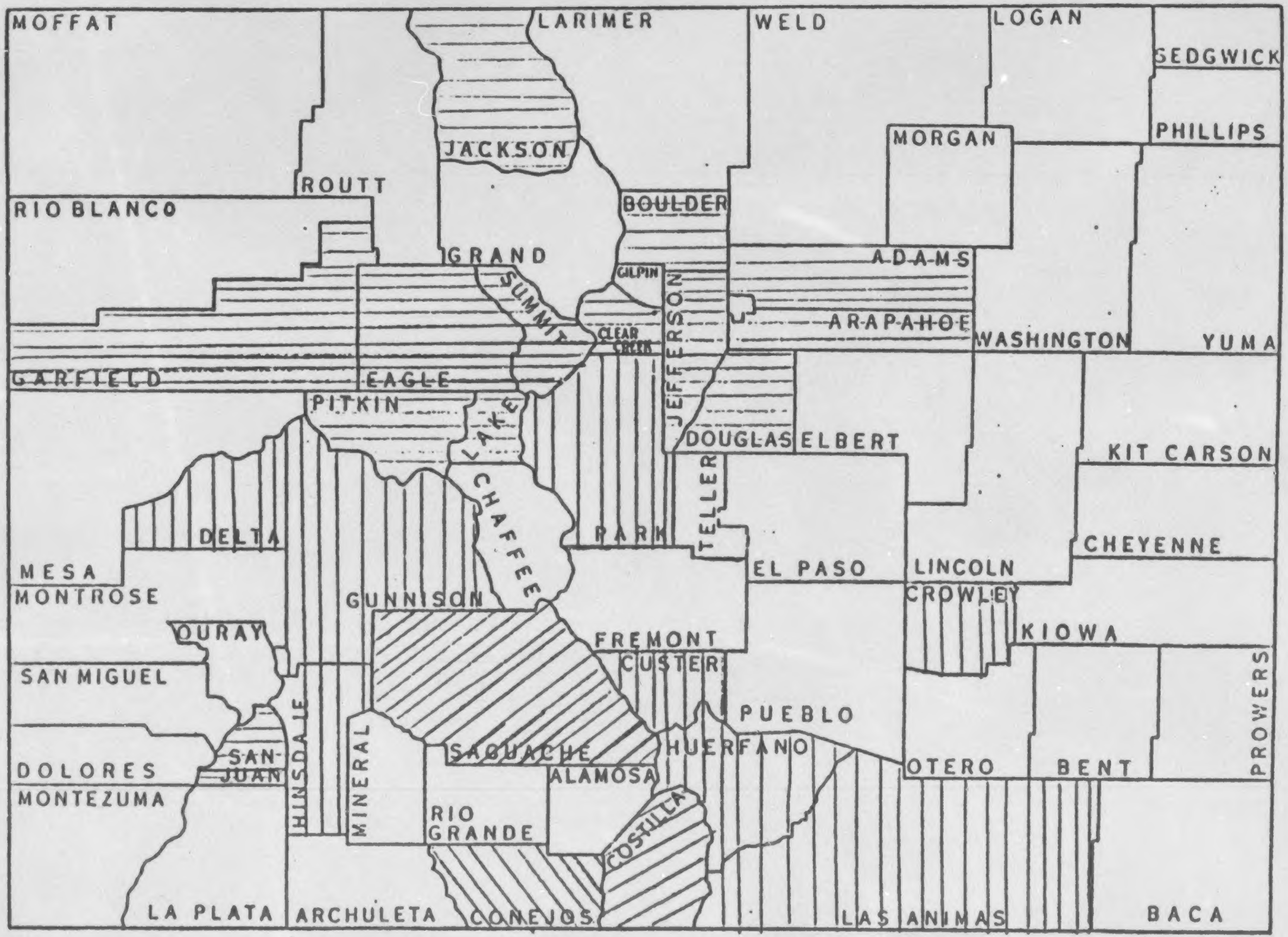
GRAND
SUMMIT
GILPIN
JEFFERSON
ARAPAHOE
CLEAR CREEK
WASHINGTON
YUMA
GARFIELD
EAGLE
PITKIN
LAKE
DOUGLAS
ELBERT
KIT CARSON
TELLER
CHAFFEE
DELTA
PARK
CHEYENNE
MESA
EL PASO
LINCOLN
MONTROSE
GUNNISON
CROWLEY
OURAY
FREMONT
KIOWA
CUSTER
SAN MIGUEL
PROWERS
HINSDALE
MINERAL
PUEBLO
SAGUACHE
HUERFANO
DOLORES
SAN JUAN
OTERO
BENT
MONTEZUMA
ALAMOSA
RIO GRANDE
COSTILLA
LA PLATA
ARCHULETA
CONEJOS
LAS ANIMAS
BACA

NUMBER OF COLORADO FAMILIES WITH CHILDREN UNDER 6 YEARS OF AGE
BY COUNTY - 1970

LEGEND:
0 - 500 ▭
501 - -1000 ▨
1001 - 2000 ▥
2001 - 5000 ▤
5001 - 7000 ▧
7001 - 10,000 ≋
over 10,000 ┅

SOURCE:
1970 Census
U.S. Dept. of
Commerce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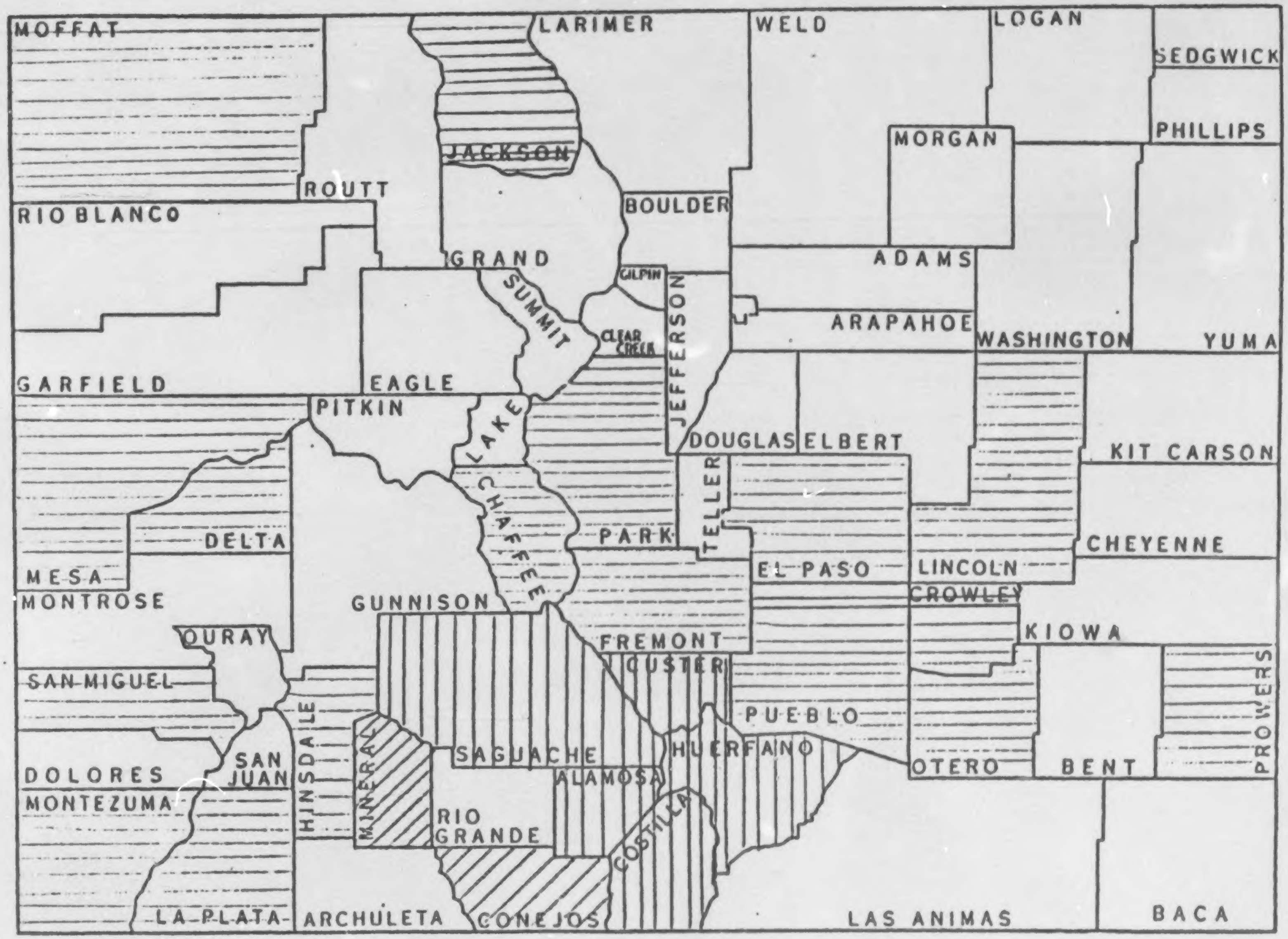
PUEBLO
PROWERS
HINSDALE
MINERAL
SAGUACHE
HUERFANO
SAN JUAN
DOLORES
OTERO
BENT
ALAMOSA
MONTEZUMA
RIO GRANDE
COSTILLA
LA PLATA
ARCHULETA
CONEJOS
LAS ANIMAS
BACA

COLORADO FAMILIES BELOW POVERTY LEVEL
BY PERCENT

LEGEND:
1 - 8% ☰
9 - 18% ☐
19 - 27% ▥
28 - 35% ▨
over 35% ▧

SOURCE:
Colo. Dept. of Health
1974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GILPIN
SUMMIT
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SAGUACHE
HUERFANO
SAN JUAN
OTERO
BENT
DOLORES
ALAMOSA
MONTEZUMA
RIO GRANDE
COSTILLA
LA PLATA
ARCHULETA
CONEJOS
LAS ANIMAS
BACA

THE PERCENTAGE OF TOTAL FAMILIES WITH FEMALE HEAD OF HOUSEHOLD BELOW POVERTY LEVEL IN COLORADO - 1974

LEGEND:

1 - 2.9% ☐
3 - 4.9% ▤
5 - 6.9% ▥
7 - 8.9% ▨

SOURCE:

Colo. Dept. of Health
1974

COUNTY	# Families with children under 6	# Married Women - husband present - in labor force w/ children under 6	# Women 16 & over in labor force w/ children under 6	Median Income (dollars)	% Families with income less than poverty level	% Families with income of $15,000 or more	# Children in the population 0 to 1 year	# Children in the population 1 to 3 years	# Children in the population 3 to 6 years	# Children in the population 6 to 12 years	MEDIAN POPULATION PROJECTIONS AGE 0-5 YEARS * HIGH 1975	HIGH 1985	LOW 1975	LOW 1985
ADAMS	14 999	4 191	5 038	10 409	5.7	18.0	3 573	7 262	12 194	30 378	23 985	29 004	23 821	26 254
ALAMOSA	772	213	259	7 058	18.1	11.5	209	403	565	1 427	1 272	1 771	1 267	1 685
ARAPAHOE	11 824	2 963	3 669	12 063	4.6	33.0	2 859	5 614	8 968	22 839	18 695	23 137	18 552	20 872
ARCHULETA	207	27	31	7 407	12.4	9.3	67	100	176	413	368	508	367	482
BACA	340	118	141	6 728	17.3	15.8	95	165	265	656	573	780	571	742
BENT	353	102	114	6 330	17.6	5.6	87	176	283	752	553	666	551	634
BOULDER	9 364	2 410	2 784	11 196	5.6	27.1	2 314	4 458	6 910	15 876	14 114	17 065	14 020	15 258
CHAFFEE	656	155	172	8 198	9.8	6.8	170	314	535	1 332	1 143	1 471	1 137	1 393
CHEYENNE	135	33	49	6 800	16.6	10.2	35	62	105	328	196	201	196	191
CLEAR CREEK	370	115	126	9 686	5.7	12.6	91	174	275	668	574	686	570	620
CONEJOS	535	136	147	4 748	36.7	3.7	151	295	504	1 279	1 065	1 520	1 059	1 444
COSTILLA	175	27	34	4 703	33.8	7.6	44	100	164	447	339	483	336	458
CROWLEY	150	34	34	5 927	20.5	3.8	35	82	120	337	278	406	276	384
CUSTER	56	11	16	4 772	20.0	5.6	12	26	44	112	82	90	81	84
DELTA	721	171	192	5 943	19.4	8.6	184	350	597	1 719	1 219	1 646	1 180	1 536
DENVER	32 181	8 224	11 237	9 654	9.4	21.4	9 175	16 708	24 479	53 735	43 870	39 939	43 428	35 411
DOLORES	100	32	39	7 706	9.9	15.5	23	46	87	207	160	173	160	163
DOUGLAS	526	111	119	11 014	8.2	26.8	129	256	408	1 251	1 019	1 472	1 011	1 326
EAGLE	616	148	171	8 637	7.6	14.8	195	323	456	994	1 009	771	1 004	726

COUNTY	# Families with children under 6	# Married Women - husband present - in labor force w/ children under 6	# Women 16 & over in labor force w/ children under 6	Median Income (dollars)	% Families with Income less than poverty level	% Families with Income of $15,000 or more	# Children in the population 0 to 1 year	# Children in the population 1 to 3 years	# Children in the population 3 to 6 years	# Children in the population 6 to 12 years	MEDIAN POPULATION PROJECTIONS AGE 0-5 YEARS * HIGH 1975	HIGH 1985	LOW 1975	LOW 1985
ELBERT	193	49	57	6 872	11.1	8.9	46	101	157	519	371	593	369	500
EL PASO	17 258	4 015	4 877	8 974	9.2	17.2	4 717	8 173	12 523	30 198	31 413	37 653	31 290	35 920
FREMONT	1 128	242	300	6 830	13.3	7.6	301	566	878	2 343	1 972	2 494	1 961	2 352
GARFIELD	895	206	291	8 380	8.4	14.4	238	452	672	1 797	1 604	2 023	1 597	2 072
GILPIN	72	5	5	7 607	12.7	15.9	19	39	47	140	115	142	114	127
GRAND	253	126	146	8 656	9.0	10.1	61	146	187	429	468	428	466	407
GUNNISON	413	109	109	7 504	10.7	13.5	127	179	276	677	615	892	614	834
HINSDALE	11			18 611		69.7	2	4	7	19	16	26	16	24
HUERFANO	361	82	100	5 741	22.5	5.8	89	200	317	759	685	651	589	695
JACKSON	143	13	19	9 786	4.6	17.5	32	69	121	206	214	140	212	133
JEFFERSON	17 162	4 118	5 067	12 045	4.1	30.3	3 949	8 105	13 306	33 472	27 523	30 444	27 325	31 095
KIOWA	133	21	21	6 567	14.6	8.7	33	52	92	250	191	341	190	240
KIT CARSON	516	152	160	7 459	14.0	14.2	137	261	398	1 012	736	747	731	780
LAKE	692	124	138	9 080	6.9	10.5	172	348	577	1 318	1 038	1 035	1 034	989
LA PLATA	1 070	297	347	7 636	13.7	12.5	306	566	876	2 402	2 004	2 758	1 995	2 505
LARIMER	5 865	1 984	2 234	8 976	9.4	16.7	1 555	2 865	4 144	9 547	9 589	12 384	10 333	11 695
LAS ANIMAS	807	180	208	6 055	21.3	7.1	236	420	702	1 760	1 335	1 647	1 323	1 535
LINCOLN	262	51	74	7 786	13.9	9.3	69	121	233	611	397	385	39[illegible]	363
LOGAN	1 165	235	292	8 186	11.4	12.3	278	547	965	2 312	1 872	2 490	1 872	2 353

COUNTY	# Families with children under 6	# Married Women - husband present - in labor force w/ children under 6	# Women 16 & over in labor force w/ children under 6	Median Income (dollars)	% Families with Income less than poverty level	% Families with Income of $15,000 or more	# Children in the population 0 to 1 year	# Children in the population 1 to 3 years	# Children in the population 3 to 6 years	# Children in the population 6 to 12 years	MEDIAN POPULATION PROJECTIONS AGE 0-5 YEARS *			
											HIGH		LOW	
											1975	1985	1975	1985
MESA	3 042	776	1 006	8 065	11.4	12.7	770	1 440	2 430	6 423	5 241	6 808	5 221	6 460
MINERAL	73	9	14	9 767	11.1	5.7	22	32	56	115	114	138	114	132
MOFFAT	450	109	142	8 120	12.4	11.3	116	193	357	927	728	880	725	840
MONTEZUMA	843	164	221	7 319	14.7	9.0	243	485	679	1 819	1 590	2 041	1 582	1 937
MONTROSE	1 200	268	319	7 362	15.5	11.2	322	588	928	2 637	1 897	2 323	1 501	2 196
MORGAN	1 344	281	315	7 554	14.3	10.1	379	688	1 072	2 733	2 356	3 205	2 346	3 031
OTERO	1 483	393	478	6 849	16.8	7.8	389	758	1 271	3 155	2 572	3 417	2 558	2 925
OURAY	97	5	5	7 245	11.4	1.5	27	42	76	219	170	254	169	240
PARK	123	20	25	6 655	21.7	8.8	31	46	104	284	235	285	235	274
PHILLIPS	207	51	59	7 561	14.7	9.7	49	101	175	454	331	426	330	401
PITKIN	403	130	167	11 763	5.7	33.5	122	199	270	684	626	559	624	531
PROWERS	920	213	237	6 755	18.0	10.0	234	491	720	1 788	1 620	2 251	1 613	2 139
PUEBLO	7 544	1 639	1 993	8 445	11.2	12.0	2 107	3 636	6 134	15 026	11 969	15 632	1 912	14 721
RIO BLANCO	319	149	157	8 010	10.1	11.0	77	165	229	600	502	597	537	569
RIO GRANDE	681	144	172	6 857	16.8	12.1	191	399	548	1 432	1 165	1 468	1 158	1 399
ROUTTE	420	64	95	7 494	12.9	11.7	111	205	297	844	667	498	662	466
SAGUACHE	242	57	57	4 539	32.0	6.6	65	143	209	530	425	534	423	511
SAN JUAN	62	6	6	9 103	2.7	9.0	22	35	34	93	92	110	92	105
SAN MIGUEL	134	37	41	7 127	11.3	5.1	35	80	94	274	220	287	217	272

COUNTY	# Families with children under 6	# Married Women - husband present- in labor force w/ children under 6	# Women 16 & over in labor force w/ children under 6	Median Income (dollars)	% Families with Income less than poverty level	% Families with Income of $15,000 or more	# Children in the population 0 to 1 year	# Children in the population 1 to 3 years	# Children in the population 3 to 6 years	# Children in the population 6 to 12 years	MEDIAN POPULATION ☆ PROJECTIONS AGE 0-5 YEARS			
											HIGH		LOW	
											1975	1985	1975	1985
SEDWICK	184	41	49	8 007	13.5	17.9	46	94	144	348	288	357	286	337
SUMMITT	202	82	91	10 492	7.4	19.2	47	100	166	383	457	585	455	553
TELLER	194	61	71	7 284	13.8	10.9	49	97	145	405	374	441	373	424
WASHINGTON	296	46	56	6 786	13.9	10.4	63	147	237	664	459	588	457	557
WELD	5 850	1 643	1 896	8 363	11.9	13.3	1 575	2 972	4 535	11 093	10 627	11 926	10 575	11 287
YUMA	482	146	172	6 623	13.8	9.7	130	239	367	927	745	895	739	844
								TOTAL FOR STATE			238,142	275,567	226,913	257,427
								TOTAL CHILDREN IN STATE 0-5				(1970)	227,436	

SOURCE: United States Census 1970 (Tables: 35, 36, 44 & 121)
* Source: State of Colorado, Dept. of Local Affairs
Division of Planning 4/76

COUNTY	No. of pre-schools	No. of pre-school spaces.	No. of day care centers for 2½ yrs. & over.	No. of spaces in day care centers for 2½ yrs.&over.	No. of day care centers for infants 6 wks-18 mo.	No. of spaces for infants in day care centers.	No. of day care centers for toddlers 1-3 years.	No.of spaces in day care centers for toddlers.
Adams	6	134	16	1356	0	0	1	28
Alamosa	0	0	2	49	0	0	0	0
Arapahoe	18	639	22	1695	0	0	2	20
Archuleta								
Baca								
Bent								
Boulder	23	568	20	927	1	13	1	32
Chaffee	2	37	1	15	0	0	0	0
Cheyenne								
Clear Creek	1	12						
Conejos								
Costilla								
Crowley								
Custer								
Delta	4	48						
Denver	36	1255	61	2940	1	10	9	125
Dolores								
Douglas	3	68	2	51				
Eagle	2	31	4	92				
Elbert								
El Paso	23	644	26	1202	1	5	5	57

May 1, 1976

COUNTY	No. of pre-schools	No. of pre-school spaces.	No. of day care centers for 2½ yrs. & over.	No. of spaces in day care centers for 2½ yrs.&over.	No. of day care centers for infants 6 wks-18 mo.	No. of spaces for infants in day care centers.	No. of day care centers for toddlers 1-3 years.	No.of spaces in day care centers for toddlers.
Fremont	2	50						
Garfield	5	94	2	52				
Gilpin								
Grand	1	12	3	42				
Gunnison	3	36	1	12				
Hinsdale								
Huerfano	1	10	1	17				
Jackson								
Jefferson	9	233	34	2093	2	16	6	74
Kiowa								
Kit Carson	1	30	1	12				
Lake	1	10	1	15				
La Plata	2	24	1	60				
Larimer	16	469	14	677				
Las Animas	1	12	1	30				
Lincoln								
Logan	1	40	2	52			1	8
Mesa	3	66	7	322				
Mineral								
Moffat	2	30	1	41				
Montezuma			2	32				

G-11

May 1, 1976

COUNTY	No. of pre-schools	No. of pre-school spaces.	No. of day care centers for 2½ yrs. & over.	No. of spaces in day care centers for 2½ yrs.&over.	No. of day care centers for infants 6 wks-18 mo.	No. of spaces for infants in day care centers.	No. of day care centers for toddlers 1-3 years.	No.of spaces in day care centers for toddlers.
Montrose			1	53				
Morgan			2	29				
Otero	1	12	1	45				
Ouray								
Park								
Phillips	2	32						
Pitkin	3	64	6	133				
Prowers	1	30	3	92	1	20	1	10
Pueblo	11	295	5	405				
Rio Blanco			1	12				
Rio Grande	1	12	2	32				
Routt	1	15	1	24				
Saguache								
San Juan								
San Miguel								
Sedgwick			1	15				
Summitt	2	27						
Teller	1	12						
Washington	1	15						
Weld	8	199	9	355			1	15
Yuma	3	39						

May 1, 1976

APPENDIX H

County Chairpersons Listing

CHAIRPERSONS

Name	County
Mary Hoffman	Adams
Pauline Day	Alamosa
Margery Becker	Arapahoe
Percy Henderson	Bent
Lora Soult	Boulder
Frank Priez	Chaffee, Custer
Joice Chandler	Clear Creek
Mr. Alward	Delta
Edith Neil	Denver
Dawn Little	Douglas
Lucille Lieber	Eagle
Pat Hirds	Elbert
Louise Lowry-Smith	El Paso
Isabel G. Lipton	Fremont
Nora Dwire	Garfield
Harret Galager	Gilpin
Bill Buck	Gilpin
Vicki Barani	Grand
Mrs. William B. Roberts, Jr.	Gunnison
Celia Swank	Hindsdale
Tom Serrano	Huerfano, Las Animas
Marge Fisch	Jefferson
Jerry Short	Kit Carson, Cheyenne
Kay Byrd	Lake
Bill Ledkins	Larimer
Francis Peters	Lincoln
Sandy Lee	Logan
Ron Drant	Mesa
Eva Beaver	Moffat
Burny Noriga	Montrose
Ed Simms	Otero
Edi Peleaux	Park
Eve Homeyer	Pitkin
Jennie Vasquez	Prowers
Cyndy Ness	Pueblo
Oma Cloward	Rio Blanco
Anna Silva	Rio Grande
Dick Boersma	Routt
John Collier	San Miguel, Ouray
Enid Johengen	Summit
Linda Hawk	Teller
Pat Prijatu	Weld

APPENDIX I

Footnotes

FOOTNOTES

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[3] Jane E. Brady, "A Primer for Toddlers: Self-Discovery," New York Times, Jan. 16, 1974, p. 62.

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[5] James Walters and Nick Stinnett, pp. 100-101.

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[7] Mary Elizabeth Keister, Final Report: A Demonstration Project on Group Care of Infants and Toddlers (Greensboro: University of North Carolina at Greensboro, 1970), p. 54.

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[13] Jack Rosenthal, "Large Suburbs Overtaking Cities in the Number of Jobs Supplied," New York Times, October 15, 1972, p. 58.

[14] Susan Jacoby, "40 Million Singles Can't All Be Right," New York Times Magazine, Feb. 17, 1974, p. 41.

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[19] U.S. Bureau of Labor Statistics, Durham (N.C.) Sun, p. 5-B.

[20] Ibid.

[21] Megan Jobling, *Highlight No. 2: Children of Working Mothers* (London: National Children's Bureau Information Service, 1973) p. 1.

[22] Bettye M. Caldwell, p. 49.

[23] *Alabama Day Care Needs and Day Care Resources*, p. 11.

[24] Ronald K. Parker and Jane Knitzer, *Day Care and Preschool Services: Trends and Issues* (Atlanta: Atavar Press, 1972), p. 26.

[25] Data from Colorado Department of Health, Records and Statistics Section.

[26] U.S. Department of Health, Education and Welfare Highlights, Ten State Nutrition Survey, 1968-1970.

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[28] AMA Countil on Foods and Nutrition, Iron Deficiency in the United States, JAMA 203-61, 1968.

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[35] Earl S. Schaefer, p. 237.

[36] Mary Jo Bane, "A Review of Child Care Books," *Harvard Educational Review*, Vol. 43, No. 4 (November 1973), p. 67.

[37] Ibid.

[38] Suzanne S. Fremon, "Education for Parenthood: A Different 'Trip' for Adolescents," *PTA Magazine*, Vol. 69, No. 5 (January 1974), p. 34.